

Environmental Protection Agency 1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: 08904503 - Kane County - Hampshire/Borden, Inc.

ILD005468822

April 16, 1982

Borden, Inc. 201 Keyes Avenue Hampshire, Illinois 60140

Dear Mr. Kuhfahl:

An inspection of your facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on April 1, 1982. This inspection was conducted by the Illinois Environmental Protection Agency under a Cooperative Arrangement with, and authorization of, the United States Environmental Protection Agency (USEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) of 1976, P.L. 94-580, as amended.

Your facility presently is not generating a hazardous waste. Should your facility resume generating and storing hazardous waste, you must implement RCRA standards in regards to inspection requirements (Section 265.15), maintain an operating record under (Section 265.73) and post danger signs at the storage area under (Section 265.14(c)).

Requirements contained in 40 CFR 265.53(b) were not complied with in that copies of the contingency plan were not submitted to local emergency response organizations.

You are hereby requested to submit to this office, within 15 days of receipt of this letter, a description of steps taken to correct this deficiency. Failure to correct this deficiency may result in enforcement actions initiated by USEPA pursuant to 40 USC 6928. Please send your reply to the above address. Should you have any questions concerning this matter, please contact Brad Benning of my staff at the above number.

Sincerely,

Remember P. Bulle

Kenneth P. Bechely, Northern Region Manager Field Operations Section Division of Land/Noise Pollution Control

KPB: BPB: prb

Enclosure: Inspection Report

cc: Division File Northern Region U.S. E.P.A. - Region V

ENVIRONME' L PROTECTION AGENCY STATE OF LINOIS $\frac{L}{(1)} \stackrel{P}{C} \stackrel{F}{=} \frac{C}{0} \stackrel{5}{=} \frac{5}{(8)} \stackrel{C}{(9)}$ OBSERVATION REPORT - SITE INVENTORY NO.

KANE	CO L.P.C.	(11) Region #	(18) Date <u>0 4/0 1/8 2</u>
	1 Romania -		(20) (25)
(Location)	(Responsible Part	y)	Letter Sent (Yes or No) (26)
Samples Taken: Yes () Ground Water() Surface(No () Time: From the To	om	Weather
Photos Taken: Yes ()	No () Interview	ed Only kantenal	Inspector E
Previous Inspection	Previous Cor	respondence	(27) (29) Site Open: Yes() No()
OPERATIONAL STATUS:	TYPE OF OPERATION	0	AUTHORIZATION:
Operating () Temporarily Closed ()	Landfill Random Dump	() Storage () Salvage	(x) E.P.A. Permit () () () Variance ()
Closed Not Covered ()	Other	() A.C.D.	() 21(e) ()
Closed and Covered ()	Quantity Received	Daily(1-6)(30)	Board Order () Illegal (5) ()
IMPROVED			(31)
SAME			LPC 4 1/79 5,000
DETERIORATED			I S or D
GENERAL REMARKS:	abta has sea		(62)
	to Hoon true	nexation of	Laston files.
- Carpo Me Ger	the base	facility "ma	utain Generata
	A the therist	fich and i	of the conference
	aquinamenti fo	-discuss of	Special warter
INTERVIEW:	and the comment	share with PCP1	Lathound records
- of inspection	- Pard opens	Filly Lloga are	not kept.
Me Bahfall	balance that	id in the	future they
05 6 5 de	Market to 1	should be so	ale to augity
· Hay wasto	douin Vsa	as to fall	belaile spore
DIAGRAM:			
			0.8

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS TREATMENT, STORAGE, AND DISPOSAL FACILITIES Form A - General Facility Standards

I. General Information:

Facility Name: Borden Inc - Consumer Products - (Pet-Ag)
Street: 201 Keyes Ave
City: Hampshire (D) State: IL (E) Zip Code: 60140
Phone: 312/683-2288 (G) County: KANE
Operator: Borden Inc.
Street: 180 East Broad Street
City: Columbus (K) State: Ohio (L) Zip Code 43215
Phone: 6/4/225-4000 (N) County:
Owner:Same as operator
Street:
City: (R) State: (S) Zip Code:
Phone:(U) County:
Date of Inspection: $4-1-82$ (W) Time of Inspection (From) 9^{30} am (To) 11:00 am
Weather Conditions: Sunny 55°

(Y)	Person(s) Interviewed	Title	Telephone
	Dale tuhFahl	Plant Manager	312/683-2288
(Z)	Inspection Participants	Agency/Title	Telephone
	Brad Benning	IEPA/EPS	312/345-9780
	Charles Countman	IEPA/EPE	
(AA)	Preparer Information		-
	Name Brad Benning	Agency/Title <i>IFPA EPS</i>	Telephone
	r ·		
	<u>II.</u>	SITE ACTIVITY:	
	Complète sections I through VII for facilities. Complete the forms (in to the site activities identified by	n parenthesis) in section VI	nd/or disposal II corresponding
- <u></u>			
XA	 Storage and/or Treatment Containers (I) Tanks (J) 	D. Incineration and/ (O and P)	or Thermal Treatment
	3. Surface Impoundments (K)4. Waste Piles (L)	E. Chemical, Physica	al, and Biological
B	• Land Treatment (M)	Treatment (Q)	
c	• Landfills (N)	omitted - 10-18,2	1,23
	•		

 $\underline{\text{Note:}}$ If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS: (Part 265 Subpart B)

		•	Yes	No	NI*	Remark
(A)		the Regional Administrator notified regarding:				
	1.	Receipt of hazardous waste from a foreign source?			<u>/</u>	No importing of waste
	2.	Facility expansion?		·	_	No importing of waster
(B)	Gen	eral Waste Analysis:	٠			
	1.	Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u> </u>		*****	
	2.	Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u> </u>			limited plan.
	3.	Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?		-	<u> </u>	
(C)	Sec	urity - Do security measures include (if applicable)	:			
	1.	24-Hour surveillance?		<u> </u>		
₹.7	2.	Artificial or natural barrier around facility?	<u> </u>			Fence
•	3.	Controlled entry?	<u> </u>			Gates
·	4.	Danger sign(s) at entrance?	· .	<u> </u>		NO WASTE on-site
(D)		Owner or Operator Inspections lude:				
•	1.	Records of malfunctions?	<u> </u>			Have inspection
	2.	Records of operator error?	_			sheet but has
	3.	Records of discharges?				never been

. GENERAL FACILITY STANDARDS Continued

			Yes	No	NI*	Remarks
	4.	Inspection schedule?	1	***	***	filled out as
	5.	Safety, emergency equipment?	1	***	***	haz waste is
,	6.	Security devices?	1		4 2.42.40	no longer general
	7.	Operating and structural _ devices?	1	***		at present time
	8.	Inspection log?	1	*,**	***	
(E)	Do inc	personnel training records lude: (Effective 5/19/81)				
	1.	Job titles?	<u> </u>			Have received
4	2.	Job descriptions?	يد			some additional
	3.	Description of training?	1			training on haz.
	4.	Records of training?	L			waste. HAVE
	5.	Have facility personnel received required training by 5-19-81?	1	***		emerg. response
	6.	Do new personnel receive required training within	,			team, which is
4-1		six months?	<u> </u>	***	***	trained in fire spill prevention
(£')	req	required are the following special uirements for ignitable, reactive, or ompatible wastes addressed?				
	1.	Special handling?		***	1	Not ignitable
	2.	No smoking signs?			1	a reactive
	3.	Separation and protection from ignition sources?			_	

^{*}Not Inspected

IV. PREPAREDNESS AND PREVENTION: (Part 265 Subpart C)

	"		ē,
(A)	Maintenance and Operation of Facility:	Vog No NI	The Dame who
	Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	Yes No NI	* Remarks
(B)	If required, does the facility have the following equipment:		Paging System Bugilla alam
	1. Internal communications or alarm systems?	<u> </u>	heat-Rise detection
	2. Telephone or 2-way radios at the scene of operations?	<u> </u>	Intercom
	3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	<u> </u>	Fire exting. Fire Hoses Spill Gean Showers
	Indicate the volume of water and/or	foam available for	fire control:
	Private well, cit	y water	
(Č)	Testing and Maintenance of Emergency Equipment:	·	
	1. Has the owner or operator established testing and maintenance procedures for emergency equipment?	<u> </u>	Exting. weekly Inha 6mo. day service. contract.
	2. Is emergency equipment maintained in operable conditions?	<u></u>	
(D)	Has owner or operator provided immediate access to internal alarms? (if needed)	<u> </u>	pull boxes

	•			
(E)	Is there adequate aisle space for unobstructed movement?	<u> </u>		· · · · · · · · · · · · · · · · · · ·
,	V. CONTIN	GENCY PLAN AND EMERGEI (Part 265 Subpart D		
(A)	Does the Contingency Plan confollowing information:	tain the Yes No	NI* Remarks	
	1. The actions facility pers must take to comply with §265.51 and 265.56 in res to fires, explosions, or unplanned release of haza waste? (If the owner has Prevention, Control, and measures (SPCC) Plan, he only to amend that plan tincorporate hazardous was management provisions that sufficient to comply with requirements of this Part applicable.)	ponse any rdous a Spill Counter- needs o te t are the		
	2. Arrangements agreed by lopolice departments, fire hospitals, contractors, a and local emergency response to coordinate emergency spursuant to §265.37?	departments nd State nse teams		
~ m	Names, addresses, and phonumbers (office and home) persons qualified to act emergency coordinators?	of all		
	4. A list of all emergency e at the facility which inc location and physical des of each item on the list brief outline of its capa	ludes the cription and a		
	5. An evacuation plan for fa personnel where there is that evacuation could be	a possibility		

(This plan must describe signal(s) to be used to begin evacuation,

evacuation routes, and alternate

evacuation routes?)

V. CONLINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

(B) Are copies of the Contingency Plan available at site and local emergency organizations? (C) Emergency Coordinator 1. Is the facility Emergency Coordinator identified? 2. Is coordinator familiar with all aspects of site operation and emergency procedures? 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan? (D) Emergency Procedures If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E) Yes No NI* Remarks (A) Use of Manifest System	
1. Is the facility Emergency Coordinator identified? 2. Is coordinator familiar with all aspects of site operation and emergency procedures? 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan? (D) Emergency Procedures If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E) Yes No NI* Remarks	
Coordinator identified? 2. Is coordinator familiar with all aspects of site operation and emergency procedures? 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan? (D) Emergency Procedures If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E) Yes No NI* Remarks	-
all aspects of site operation and emergency procedures? 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan? (D) Emergency Procedures If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E) Yes No NI* Remarks	- -
have the authority to carry out the Contingency Plan? (D) Emergency Procedures If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E) Yes No NI* Remarks	
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(Part 265 Subpart E) Yes No NI* Remarks	neire
Yes No NI* Remarks	•
(A) Use of Manifest System	
, , , , , , , , , , , , , , , , , , ,	
 Does the facility follow the procedures listed in §265.71 for processing each manifest? 	ccept
2. Are records of past shipments retained for 3 years?	waste
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	

VI. RECORDKEEPING - Continued

(C)	Operati	ng Record		
	mai rec	es the owner or operator ntain an operating cord as required in 5.73?	<u> </u>	partial Record
	cor	es the operating record ration the following ormation:		
	**b.	The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?		No waste
	C.	The location and quantity of each hazardous waste within the facility?		on site.
	***d•	A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)		no Duposal
**************************************		Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?	<u> </u>	
		Reports detailing all incidents that required implementation of the Contingency Plan?	<u> </u>	
	g.	All closure and post closure costs as applicable? (Effective 5-19-81)	<u> </u>	

^{**} See page 33252 of the May 19, 1980, Federal Register.

^{***} Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE (Part 265 Subpart G)

,			Yes	No	NI*	Remarks
(A)	C10	sure and Post Closure				
	1.	Is the facility closure - plan available for inspection by May 19, 1981?	\checkmark			
	2.	Has this plan been submitted to the Regional Administrator		¥		
	3.	Has closure begun?		V		
	4.	Is closure estimate available by May 19, 1981?	<u>/</u>			
(B)	Pos	t closure care and use of property				,
	ар	the owner or operator supplied ost closure monitoring plan? fective by May 19, 1981)		•	1.	
Faci	lity	USE AND MANAGEM Name: Borden Inc	I ENT O			nspection: 4-1-P2
			Yes	- No	NI*	Remarks
	1.	Are containers in good condition?			<u>~</u>	No Drums on
	2.	Are containers compatible with waste in them?	-		1	site
	3.	Are containers stored closed?	•		_	F
	4.	Are containers managed to prevent leaks?			<u> </u>	
	5.	Are containers inspected weekly for leaks and defects?			_i_	
	6.	Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)			<u> </u>	

							• .
		Yes	No	NI*	Remarks		
3.	Has the owner or operator addressed the waste analysis requirements of 265.402?						
4.	Are inspection procedures followed according to 265.403?		***************************************	·			
5.	Are the special requirements fulfilled for ignitable or reactive wastes?						
6.	Are incompatible wastes treated? (If yes, 265.17(b) applies.)				*****		·
· ·	e: EPA has temporarily suspended the appl waste regulations in 40 CFR Parts 122, wastewater treatment tanks that receiv hazardous waste or that generate, stor is a hazardous waste where such wastew 402 or 307(b) of the Clean Water Act (tanks, transport vehicles, vessels, or hazardous only because they exhibit th or are listed as hazardous wastes in S Complete this section if the owner or o hazardous waste that is subsequently sh disposal.	264 e, st e or vaters 33 U. cont e cor ubpar	and 26 ore, a treat are s S.C. 1 ainers rosivi t D of	5 to ownd tread a waste ubject 251 et which ty char 40 CFR	mers and open t wastewaters water treatments to regulation seq.) and (2 neutralize was acteristic un Part 261 on	rators of s that ar ent sluden n under S neutral astes whi ader 40 C ly for th	(1) re ge which sections ization ch are FR §261.2 is reason
	1. MANIFES	T REQ	UIREME	<u>NTS</u>			
		Yes	No	NI*	Remarks		٠
(A)	Does the operator have copies of the manifest available for review?	:	_				
(B)	Do the manifest forms reviewed contain the following information: (If possible, make copies of or record information from, manifest(s) that do not contain the critical elements)						
	1. Manifest document number?			<u></u>			
	 Name, mailing address, telephone number, and EPA ID Number of Generator 	•					

			Yes	No .	NI*	Remarks
	3.	Name and EPA ID Number of Transporter(s)?		·	<u>~</u>	
,	4.	Name, address, and EPA ID Number of Designated permitted facility and alternate facility?		****	<u>·</u>	
	5.	The description of the waste(s) (DOT shipping name, DOT hazard class DOT identification number)?	.		<u> </u>	
	6.	The total quantity of waste(s) and the type and number of containers loaded?			<u> </u>	
	7.	Required certification?			V	
	8.	Required signatures?			<u>/</u>	
(C)		s the owner or operator submit eption reports when needed?		——	/	
		2. PRE-TRANSPO	ORT R	EQUIRE	MENTS	
(A)	wit (Re	waste packaged in accordance h DOT Regulations? quired prior to movement of ardous waste off-site)		No. of the Control of	<u> </u>	NO haz waste
(B)	Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)				<u> </u>	on-site.
(C)	If to	required, are placards available transporters of hazardous waste?			V	

VI. RECORDKEEPING and REPORTING (Part 262, Subpart D)

,				Yes	No	NI*	Remarks	
(A)	Exc res	epti ults	ifests, Annual Reports, on Reports, and all test and analyses retained for t three years?	¥				
(B)	Ann	ual	generator submitted Reports and Exception as required?	<u>~</u>	/ —			
			VII. INTERN (Part 26	ATION/ 2, Sul	AL SHI	PMENTS E)		
			installation imported rted Hazardous Waste?		<u> </u>			
			(If answered Yes, complete the	follow	wing a	s appli	cable.)	
	1.		orting Hazardous waste, a generator:	٠	•		·	•
44.0		a.	Notified the Administrator in writing?				•	
	3	b.	Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	-	_	errone en e		
		с.	Met the Manifest requirements?				· -	
	2.		orting Hazardous Waste, the generator:				<u>.</u>	
			Met the manifest requirements?				-	-

XI. REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Borden Pet-Ag, produces Animal feeds, they previously
used dryers which generated a dust, the dust would
go through a carbon filter, when the carbon filter
is regenerated a liquid condensate is generated,
analysis showed elevated levels of lead (0008).
The facility no longer uses the dryers and
therefore no longer generates any haz waste.
Mr. kuhfahl stated that if the dryen are
REMARKS: used in the future, they would probably
generate only ~ 1500/6s/year. The facility
was in compliance with RCRA reg. although
the inspections and operating records were
not being kept since no waste is currently
on-site. Manifest were not available, as generation
of haz. waste had ceased prior to Nov. 80.

FORM'

U.S. E TRONMENTAL PROTECTION AGENCY HAZARE JS WASTE PERMIT APPLICATION

I. EPANILIMIMBER

5	W.		(This inform	Consolidated Permits Pr nation is required under Sec	ogram	F14000546	,8822 71
RCRA		AL USE ONLY		nation a required under sec			
APPLI	CATION	DATERECEIVED)		COMMENTS		
APPR	POVED	(yr., mo., & day)	 			······································	· · · · · · · · · · · · · · · · · · ·
	23	24 - 29					
II. FI	RST OF	REVISED APPL	ICATION				
revised	applicat	the appropriate box ion. If this is your for in Item I above.	t in A or B below irst application ar	(<i>mark one box only)</i> to inc nd you already know your t	dicate whether this is the first ap acility's EPA I.D. Number, or if	oplication you are submitting this is a revised application, s	for your facility or a enter your facility's
				and provide the appropriate for definition of "existing" velow.)			R NEW FACILITIES,
G QQ 15	7 0 73 74	OPE (use	RATION BEGAI the boxes to the		RUCTION COMMENCED	YR. MC. DAY (yr.	OVIDE THE DATE , mo., & day) OPERA ON BEGAN OR IS PECTED TO BEGIN
t ,		APPLICATION ()	=	ow and complete Item I abo	ove)	2. FACILITY HAS A RCF	RA PERMIT
III. PI	ROCES	SES — CODES AN	ND DESIGN CA	APACITIES			
ent	ering cod	des. If more lines are	needed, enter th		best describes each process to be ided. If a process will be used the form (Item III-C).		
1. 2.	AMOUN O TINU	IT — Enter the amou F MEASURE — For	int. each amount ent		the capacity of the process. the code from the list of unit mused.	easure codes below that descr	ibes the unit of
		ROCESS	PRO- APPRICESS MEAS	OPRIATE UNITS OF SURE FOR PROCESS ESIGN CAPACITY	PROCESS	CESS MEASURE	IATE UNITS OF FOR PROCESS N CAPACITY
Stora	ige;	•	•		Treatment:	•	
CON TAN		R (barrel, drum, etc.)	501 GALLO 502 GALLO	ONS OR LITERS ONS OR LITERS	TANK	TOI GALLONS I LITERS PEI	PER DAY OR R DAY
	TE PILE	!	S03 CUBIC	YARDS OR METERS	SURFACE IMPOUNDMENT		PER DAY OR
ŧ	FACE IN	MPOUNDMENT	504 GALLO	ONS OR LITERS	INCINERATOR -	T03 TONS PER : METRIC TO GALLONS !	HOUR OR ONS PER HOUR; PER HOUR OR
	CTION	WELL	D80 ACRE-I	ONS OR LITERS FEET (the volume that cover one acre to a	OTHER (Use for physical, ch thermal or biological treatme	nt LITERS PEI	PER DAY OR
	D APPL	ICATION POSAL	HECTA D81 ACRES D82 GALLO	f one foot) or RE-METER OR HECTARES DNS PER DAY OR	processes not occurring in tar surface impoundments or inc ators. Describe the processes the space provided; Item III-	riner- s in	
SUR	FACE I	MPOUNDMENT		S PER DAY ONS OR LITERS			_
		÷	UNIT OF	•	UNIT OF		UNIT OF
1.15(1)	T OF ME	EASURE	MEASURE CODE	UNIT OF MEASURE	MEASURE CODE	UNIT OF MEASURE	MEASURE
1	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ASURE			V	ACRE-FEET	CODE
LITE	ER\$.,L	TONS PER HOUR .	, D	HECTARE-METER	F
		DS., ERS,,,			HOURW	ACRES	
GAL	LONSP	ER DAY	U	LITERS PER HOUR		the second secon	*
ather	(PLE FO	R COMPLETING IT	"EM III <i>(shown ir</i> cility also has an	n line numbers X-1 and X-2 incinerator that can burn u	below): A facility has two stores to 20 gallons per hour	rage tanks, one tank can hold	200 gallons and the
ŧ			T/A C	1 1 1 1 1	2 2 32 32 10 2 10 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1		(
Ĉ		DUP					
1 2 E &		B. PROCESS	E DESIGN CAF	PACITY	B. PRC	DCESS DESIGN CAPACIT	TY I
ш	PRO- CESS			2, UNIT OFFICIA	A. PRO-		POR POR
E NE	CODE from list		TOUNT	OF MEA- USE	CODE (from list above)	I. AMOUNT	OF MEA OFFICIA
	above)		ecify)	(enter ONLY code)	EZ above)		(enter ONLY code)
16	- 1B	19		27 28 25 - 3	2 16 - 18 19	27	Z8 Z9 - 3
X-1 S	0 2	60			5		
X-2 7	0 3	2		E	6		
1 S	0 1	11,88	30	G	7		

2

3

8

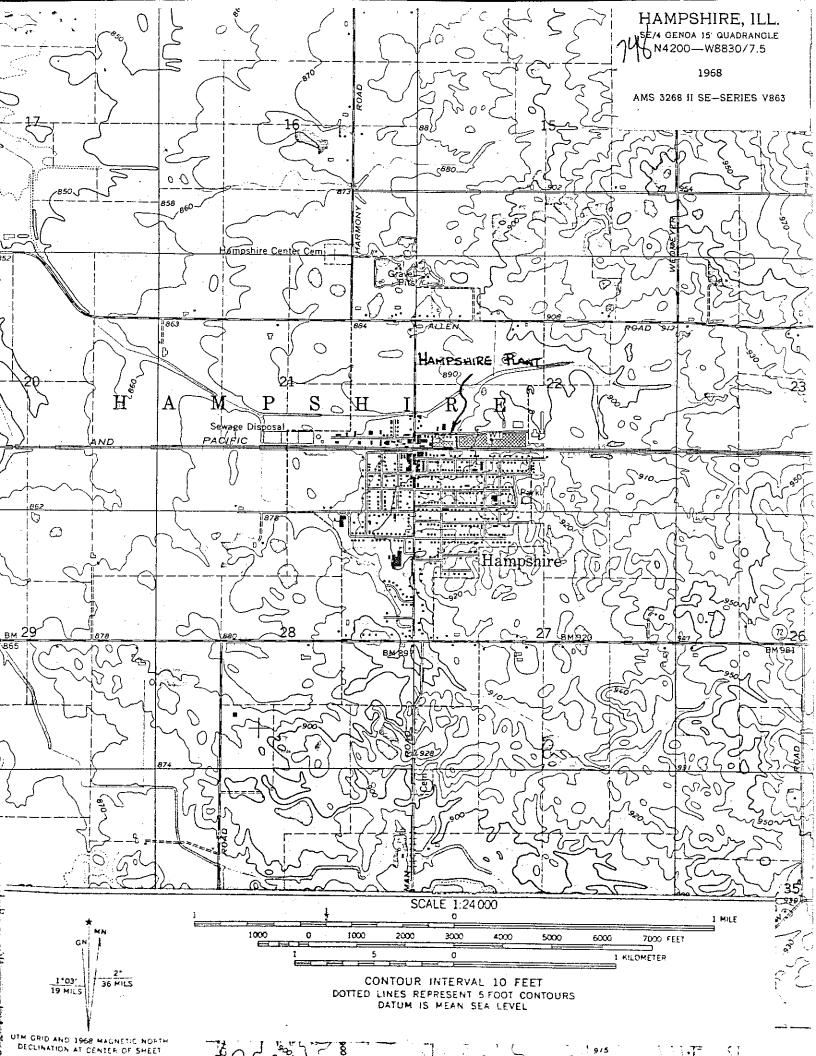
9

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	-	
	•	
•		
handle hazardous wastes which are not listed in tics and/or the toxic contaminants of those hazard	the four—digit number from 40 CFR, Subpart 40 CFR, Subpart D, enter the four—digit number fous wastes.	D for each listed hazardous waste you will handle. If you (s) from 40 CFR, Subpart C that describes the characteris-
B. ESTIMATED ANNUAL QUANTITY — For each basis. For each characteristic or toxic contaminar which possess that characteristic or contaminant.	listed waste entered in column A estimate the tentered in column A estimate the total annual	quantity of that waste that will be handled on an annual quantity of all the non—listed waste(s) that will be handled
C. UNIT OF MEASURE — For each quantity enter codes are:	ed in column B enter the unit of measure code.	Units of measure which must be used and the appropriate
ENGLISH UNIT OF MEASURE	CODE METRIC UN	ÎT OF MEASURE CODE
POUNDS		NS M
If facility records use any other unit of measure account the appropriate density or specific gravity		rerted into one of the required units of measure taking into
to indicate how the waste will be stored, treate For non-listed hazardous wastes: For each	ed, and/or disposed of at the facility. characteristic or toxic contaminant entered in c	code(s) from the list of process codes contained in Item III plumn A, select the code(s) from the list of process codes
that characteristic or toxic contaminant. Note: Four spaces are provided for enterin		ispose of all the non-listed hazardous wastes that possess the first three as described above; (2) Enter "000" in the ber and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not lis	ted for a process that will be used, describe the p	rocess in the space provided on the form.
more than one EPA Hazardous Waste Number shall b 1. Select one of the EPA Hazardous Waste Numl	e described on the form as follows: pers and enter it in column A. On the same line c	NUMBER — Hazardous wastes that can be described by omplete columns B,C, and D by estimating the total annual
quantity of the waste and describing all the price of the next line enter the other "included with above" and make no other ent and Repeat step 2 for each other EPA Hazardous V	ries on that line.	d to describe the waste. In column D(2) on that line enter
EXAMPLE FOR COMPLETING ITEM IV (shown in per year of chrome shavings from leather tanning at are corrosive only and there will be an estimated 20	n line numbers X-1, X-2, X-3, and X-4 below) — and finishing operation. In addition, the facility was pounds per year of each waste. The other was	A facility will treat and dispose of an estimated 900 pounds ill treat and dispose of three non-listed wastes. Two wastes iste is corrosive and ignitable and there will be an estimated
100 pounds per year of that waste. Treatment will be	CUNIT	D. PROCESSES
HAZARD. B. ESTIMATED ANNUAL COMMANDER OF WASTE OF WASTE (enter code)	OF MEA- SURE 1. PROCESS CODES (enter) code)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1 K 0 5 4 900		
X-2 D 0 0 2 400	P T 0 3 D 8 0	
X-3 D 0 0 1 100	P T 0 3 D 8 0	Constitution of the consti
X-4 D 0 0 2		included with above
EPA Form 3510-3 (6-80)	PAGE 2 OF 5	CONTINUE ON PAGE 3

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T^ "), FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.



(fill—in areas are spaced for elite type, i.e., 12 characters fir	ch). HAMPSHIRE	F	
	NERAL INFORMATION	1. E	9
	Consolidated Permits Program	混 1LD00546882	
GENERAL (Read the	"General Instructions" before starting.)	GENERAL INSTRUCTIONS	9.4
I. EPA I.D. NUMBER		If a preprinted label has been provid-	ed, affix
		it in the designated space. Review the ation carefully; if any of it is incorre	ct. cross
HIL FACILITY NAME		through it and enter the correct det appropriate fill—in area below. Also, i	a.in the
FACILITY		the preprinted data is absent (the are	a to the
	ACE LABEL IN THIS SPACE	left of the label space lists the info	t in the
		proper fill—in area(s) below. If the complete and correct, you need not complete.	label is
		Items I, III, V, and VI (except VI-	B which
VI. LOCATION		must be completed regardless). Comittems if no label has been provided.	Refer to
		the instructions for detailed item- tions and for the legal authorization	descrip-
		which this data is collected.	
II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine	whether you need to submit any permit applicati	on forms to the EPA. If you answer "yes" t	to any
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "n	ental form listed in the parenthesis following the quantity of the properties.	uestion. Mark "X" in the box in the third co	olumn Stuten
is excluded from permit requirements; see Section C of t	he instructions. See also, Section D of the instruction	ins for definitions of bold—faced terms.	TIVILY
SPECIFIC QUESTIONS	MARK'X'	MAR	
	ATTACHED	QUESTIONS YES NO Y (either existing or proposed)	FORM ATTACHE
A. Is this facility a publicly owned treatment work which results in a discharge to waters of the U.S.	7 include a concentrated	animal feeding operation or	
(FORM 2A)	X aquatic snimal product discharge to waters of ti	ion facility which results in a X	
C. Is this a facility which currently results in discharge to waters of the U.S. other than those described in	D. Is this a proposed facili	ty (other than those described	21
A or B above? (FORM 2C)	If A or B above/ which waters of the U.S.? (FO	h will result in a discharge to X RM 2D) 25 26	. 27
E. Does or will this facility treat, store, or dispose of		ect at this facility industrial or ow the lowermost stratum con-	
hazardous wastes? (FORM 3)	X X taining, within one qu	uarter mile of the well bore. Y	
G. Do you or will you inject at this facility any produce	6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Grinking water? (FORM 4)	. 33 -
water or other fluids which are brought to the surfaction with conventional oil or natural gas pro	H. Do you or will you inju	ect at this facility fluids for spe- mining of sulfur by the Frasch	
duction, inject fluids used for enhanced recovery of	process, solution minir	ng of minerals, in situ combus-	
oil or natural gas, or inject fluids for storage of liqui hydrocarbons? (FORM 4)	32 SB SG (FORM 4)	ecovery of geothermal energy?	
 Is this facility a proposed stationary source which one of the 28 industrial categories listed in the in 	[2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	sed stationary source which is dustrial categories listed in the	33, 39 3
structions and which will potentially emit 100 tor per year of any air pollutant regulated under the	instructions and which	will potentially emit 250 tons	
Clean Air Act and may affect or be located in a	n Air Act and may affect	tant regulated under the Clean X	
attainment area? (FORM 5) III. NAME OF FACILITY	an at a2 area? (FORM 5)	A3 44	45
1 5KIP S M I T H-D O U G L A S S	BORDEN CHEMICAL	D. I. V.	
IV. FACILITY CONTACT			
A. NAME & TITLE (last,	first, & title)	B. PHONE (area code & no.)	Artonio de la compansión de la compansió
ZKUHFAHL, DALE PL	A N T MÁNAGÉR 1 31	1 2 6 8 3 2 2 8 8	
V. FACILITY MAILING ADDRESS	£5 26	- 48 Ab - 81 52 - 51	
A. STREET OR P.C	o, BOX		ille di line
3 P. U. B U X 3 9 6			T. Carlotte
B. CITY OR TOWN	C.STATE D. ZIP CO	DDE	
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II II	The contract of the second sec		es es es
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER	SPECIFIC IDENTIFIES TANK INCLUDE VALUE	and the second of the second o	
		Law Long to the Wall of the Control	
5 2 0 1 KEYES AVENUE	4		
B. COUNTY NAME			
KANE		the second secon	
#6	76		
C. CITY OR TOWN	D.STATE E. ZIP CO	DDE F. COUNTY CODE (if known)	
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EPA Form 3510-1 (6-80)	War and the same	CONTINUE ON R	
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II. SIC CODES (4-digit, in order of priority)				B. SECOND	
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2.0.4.8 INGREDIENTS FOR ANIMAL		7	19	and the second s	
C. THIRD	a Process of the		A second	D. FOURTH	
(specify)		7	(specify)		
16 - 19		15 16 -	19		
II. OPERATOR INFORMATION					B. Is the name listed I
	A. NAME	11111	TTTT	111111	Item VIII-A also the
TO B B E N T N C					YES NO
B, O, R, D, E, N, , I, N, C, , , , ,	The second second				56 66
C. STATUS OF OPERATOR (Enter the appr	opriate letter into the	answer box; if "O	ther", specify.)	D. PHO	NE (area code & no.)
F = FEDERAL M = PUBLIC (other than)	federal or state)	(specify)	•	A 6 1 4	2 2 5 4 0 0 0
S = STATE O = OTHER (specify) P = PRIVATE		D = = = = = = = = = = = = = = = = = = =	needed or the February	A 6 4	19 - 21 22 - 25
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EXISTING ENVIRONMENTAL PERMITS	e de la companya de			the sections	
A. NPDES (Discharges to Surface Water)	D. PSD (Air En	nissions from Propo	sed Sources)	The Langue and Salah	All the server of the
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B. UIC (Underground Injection of Fluids)		OTHER (specify)			Andrew Program of the Angle of the State of
	9		. 20 20 10 100 1		RMITS 03020353 BC
10 17 10	0 15 16 17 18	Complementation of the	30	03020352 BULK	UNLOADING
C. RCRA (Hazardous Wastes)	C 7 1 1 1	OTHER (specify)		(specify) nananas	F DET MET
R	9 Z			0302033	5 PET/VET 6 ROLL DRYER
15 (7) 18 I. MAP	0 15 16 17 18	Jane Water Market	30	U3UZU35	N RUIT WRITER
the outline of the facility, the location of of treatment, storage, or disposal facilities, an water bodies in the map area. See instruction of the map area. See instruction of the map area area. See instruction of the map area area. See instruction of the map area area area. Produces by mixing	d each well where his for precise requi	rements.	underground.	nctude at spiritgs,	F91/50
and animal dietary additive	es for domest	ic and ince	rnational	uisti ibution.	ran1-1
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XIII. CERTIFICATION (see instructions)					(A)
I certify under penalty of law that I have attachments and that, based on my inquapplication, I believe that the information false information, including the possibility	iry of those perso is true, accurate a	and complete. I	resoonsioie Tur	UULAIIIIII LIIC IIII VI	t penalties for submitting
Robert W. Gutheil, Presiden	₹	SIGNATURE)	Sal 7	Tentin	C. DATE SIGNED
Borden Chemical		11/000	1100		
COMMENTS FOR OFFICIAL USE ONLY					
C					55
PA Form 3510-1 (6-80) REVERSE					

Continued from the front,		
IV. DESCRIPTION OF HAZARDOUS WASTES (con		
E USE THIS SPACE TO LIST ADDITIONAL P C	ESS CODES FROM ITEM D(1) ON PAG	E ?
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EPA I.D. NO. (enter from page 1)		
S T/A C		
F 6	X.	
V. FACILITY DRAWING	The state of the s	Committee of the commit
All existing facilities must include in the space provided on p	age 5 a scale drawing of the facility (see instruc	ctions for more detail). FGA/55
VI. PHOTOGRAPHS		
All existing facilities must include photographs (aeria treatment and disposal areas; and sites of future store	of or ground—level) that clearly delineate a	all existing structures; existing storage,
VII. FACILITY GEOGRAPHIC LOCATION	age, treatment of disposal areas lace motion	octions for more details.
LATITUDE (degrees, minutes, & seconds)	LONGI	TUDE (degrees, minutes, & seconds)
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VIII. FACILITY OWNER		
A. If the facility owner is also the facility operator as li	sted in Section VIII on Form 1, "General Infor	mation", place an "X" in the box to the left and
skip to Section IX below.		
B. If the facility owner is not the facility operator as lis	sted in Section VIII on Form 1, complete the f	following items:
1. NAME OF FACIL	ITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E BORDEN, INC.		5 1 4 -2 2 5 - 4 0 0 0
E BORDEN, INC.		55 56 - 58 59 - 61 62 - 65
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST. 6. ZIP CODE
F 180 EAST BROAD ST.	G COLUMBUS	он 4 <u>3215</u>
IX. OWNER CERTIFICATION	45 15 16	40 41 42 47 - 51
I certify under penalty of law that I have personally of	examined and am familiar with the inform	nation submitted in this and all attached
documents, and that based on my inquiry of those in	dividuals immediately responsible for ob-	taining the information, I believe that the
submitted information is true, accurate, and complet	e. I am aware that there are significant pe	enalties for submitting false information,
including the possibility of fine and imprisonment.		
Robert W. Gutheil, President	B. SIGNATURE	C. DATE SIGNED
No. 1 (April 1997)	troopsell Lan	11/17/80
Borden Chemical	My Creater of 4000	
X, OPERATOR CERTIFICATION		tion as besitted in this and all attached
I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	examined and am familiar with the information	taining the information, I believe that the
submitted information is true, accurate, and complet	e. I am aware that there are significant pe	enalties for submitting false information,
including the possibility of fine and imprisonment.		en e
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
DALE E. KUHFAHL,		1.1
		November 3, 1980
Plant Manager EPA Form 3510-3 (6-80)	PAGE 4 OF 5	November 3, 1980

ontinu 27 <i>E:</i>	èd i Pha	ron toc	0 pe 0 py	ge 2 this	page before completing if you h	eve	mo	re l	than	25	was				- Constant	and the same proper	· · · · · · · · · · · · · · · · · · ·	W. W. Wood	Form Approved GMB NZ 158-58000
	PA	I.D.	N.C	мв	ER (enter from page 1)	\			S 7		-						_	USE	ONLY
V 2				1	N OF HAZARDOUS WASTE	<u> </u>		/	W	*****					U	P N			2 DUP
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UNITED STATES **ENVIRONMENTAL PROTECTION AGENCY** REGION V.

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF: RCRA ACTIVITIES

APR 2 7 1982

Dale Kuhfahl, Plant Manager Borden Chemical, Smith-Douglass Division P. O. Box 396 Hamshire, Illinois 60140

RE: Interim Status Acknowledgement USEPA ID No. ILD 005 468 822 FACILITY NAME: BORDEN CHEMICAL, SMITH-DOUGLASS DIVISION

Dear Mr. Kuhfahl:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief Waste Management Branch

Enclosure

Robert W. Gutheil, President

1 2				No. of the second second
GENERAL LABEL ITEMS				
I. EPA I.D. NUMBER	/	/	11	If a preprinted label has bean provided, affix it in the designated taxes. On provided, affix
III. FACILITY NAME	/	/	///	ation carefully. If a pace, neview the inform-
FACILITY	/	/	///	appropriate fill—in area below. Also, if any of
	ACE	LA	BEL IN	THIS SPACE that should appear) please provide it is
THE ROLL IN			XOX	proper fill—in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI lexcept VI-B which
VI. FACILITY		/		must be completed regardless). Complete all items if no label has been provided. Refer to
LOCATION DE LA DESTRUCTION				the instructions for detailed item descriptions and for the legal authorizations under
II. POLLUTANT CHARACTERISTICS	A	Se un	77,	which this data is collected.
	heth	er yo	u need to	submit any permit application forms to the EPA. If you answer "yes" to any
questions, you must submit this form and the supplemen	tal fo	rm l	isted in the	e parenthesis following the question. Mark "X" in the box in the third column
is excluded from permit requirements; see Section C of the	instr	uctio	ins. See als	ou need not submit any of these forms. You may answer "no" if your activity o, Section D of the instructions for definitions of bold—faced terms.
SPECIFIC QUESTIONS	YES		FORM ATTACHED	SPECIFIC QUESTIONS MARK 'X' YES NO FORM YES NO ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or
(FORM 2A)	16	X	18	aquatic animal production facility which results in a X discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in	1	X	1	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to
A or B above? (FORM 2C) E. Does or will this facility treat, store, or dispose of	22	23	Z4	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or
hazardous wastes? (FORM 3)	X		Х	municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well hore
G. Do you or will you inject at this facility any produced	28	2.9	30	underground sources of drinking water? (FORM 4)
water or other fluids which are brought to the surface in connection with conventional oil or natural gas produced in content of the surface			١.	H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus-
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		Χ		tion of fossil fuel, or recovery of geothermal energy? X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-	-34	38	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the		v	,,	instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean
Clean Air Act and may affect or be located in an attainment area? (FORM 5).	80	X 41	13	Air Act and may affect or be located in an attainment X
III. NAM	/ FOR CHIE			D
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IV. FACILITY CONTACT A NAME & TITLE (lost, fir	st. &	title	THE STATE OF	
2 KUHFAHL DALE PLA	N	3	MAN	B. PHONE (area code & no.)
V. FACILITY MAILING ADDRESS		Y E		43 46 - 48 49 - 51 52 - 53
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B. CITY OR TOWN		-	eda esta	C.STATE D. ZIP CODE
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B. COUNTY NAME	á, Po	, i i		
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C. CITY OR TOWN	; ₍ , √3);	5112	ing the second production	D.STATE E. ZIP CODE F. COUNTY CODE
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FACILITY WAME

EPA ID NUMBER

ECROEN CHEMICAL SMITH-DOUGLASS DIV

ILD005468822

FACILITY OPERATOR

ECROEN INC

FACIDITY OWNER

EGPDEN INC

FACILITY LUCATION

201 KEYES AVE

HAMPSHIRE

IL 60140

PROCESS CODE

S 0 1

DESIGN CAPACITY

11880,00000

UNIT OF MEASURE

G

PPOCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* * UNIT OF * MEASURE
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PART A AMENDMENTS

Fac.: Name BORDEN CHEMICAL SMITH DOUGLASS DIVI.D. # 1LD 005 468 822 Application Date Date of Filed (check) Received ADP Input 11-19-80 Amendments Date of Tech Date of Date Staff Approval (if Filed (check) ADP Input Received necessary) 4-26-82 5-11-82

D.# TLL	005	468 822
Facility Nam	ne BORD	EN CHEMICAL - Smith Douglas. 1-1 ACKNOWLEDGEMENT SENT
Reviewer	ELER	INTERNAL CHECKLIST
Date Review	Started	9/3/8/
		erim Regulatory Requirements :
	A.	(1) FORM 1 MISSING . 1_1
∞ 3	2	(2) FORM 3 MISSING
	a	POSTMARK after NOVEMBER 19, 1980
	- D	POSTMARK after NOVEMBER 19, 1980 Valid
e	С.	(1) DATE of OPERATION MISSING
* * * * *		(2) DATE of OPERATION after NOVEMBER 19, 1980
e.	D.	(1) NOTIFIED after AUGUST 18, 1980 Valid
	er T	(2) NONNOTIFIER
4 a	E.	(1) FORM 1, XIII B SIGNATURE MISSING . I
f., ., .	*	(2) FORM 3, IX B SIGNATURE MISSING . I
	8 35. 3	
	2. A.	TSDF IZI
s ×	В.	NONREGULATED
	C.	UNSURE CSMall Quantity pr.
	D.	UNKNOWN FACILITY (missing name and address on Form 3)
*	E.	NEW FACILITY
	F.	CORE ITEM(S) MISSING
	G.	NONCORE ITEM(S) MISSING
	н.	OTHER . I

RECORD OF COMMUNICATION		IER (SPECIFY)	DISCUSSION	FIELD	TRIP	CONFERENCE				
	(Record of item checked above)									
TO:	FROM:			,	DATE					
			- ,	•						
		,		1	TIME					
SUBJECT	··· <u>·</u>				<u> </u>					
Facility I.D. # / Facility No	me	•								
SUMMARY OF COMMUNICATION						<u>.</u>				
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COVCLUDIOUS ACTION TAYON AS A SAME		···								
CONCLUSIONS, ACTION TAKEN OR REQUIRED										
•			•							
					-					
										

FORM 1 (EPA FORM 3510-1)

ITEM 1	NUMBER	CHECK IF ITER MISSING
II.	Pollutant Characteristics	,
	Name of Facility	
IV.	Facility Contact	11
V.	Facility Mailing Address A. Street or P.O. Box	-
	B. City or Town C. State	
· .	D. Zip Code Facility Location	1_1
V .	*A. Street, Route Number B. County Name	-
	*C. City or Town *D. State E. Zip Code	
	F. County Code (if known)	11
VII.	SIC Codes (other than Process and Hazardous Waste codes)	
VIII.	Operator Information	
	*A. Name *B. Is the name listed in VIII-A also the owner	
	C. Status of operator D. Phone	
- - .	*E. Street or P.O. Box *F. City or Town	
	*G. State H. Zip Code	
	Reviewer's T	'mirin1

	FORM I (EPA FORM 3510-1)	MISSING
IX.	Indian Land	
х.	Existing Environmental Permits	
XI.	Map	
XII.	Nature of Business	.
XIII.	Certification	
	A. *1. Name 2. Official Title *B. Signature *C. Date Signed	
		1 1

Comments:

I.D.#___

*Form 1 is missing

Reviewer's Initial____

FORM 3 (EPA FORM 3510-3)

ITEM	NUMBER		
			CHECK IF ITEM MISSING
II.	Firs	st Application	MISSIRG
	*1.	Existing Facility Date (on or before	<u> </u>
	•	November 19, 1980)	*
•	,	OR OR	·
	*2.	New Facility Date (after November 19, 1980)	<u></u>
IĮI.	Proc	cesses	
	*A.	Process Code	
	*B.	Process Design Capacity-Amount	•
		*1. Amount	
		*2. Unit of Measure	
	•		
· IV.	Desc	ription of Hazardous Wastes	
	*A.	EPA Hazardous Waste Number	1
	*B.	Estimated Annual Quantity	1 1
	*C.	Unit of Measure	1 1
•	*D.	Processes	• · · · · · · · · · · · · · · · · · · ·
		*1. Process Codes	<u>—</u> I [
•		*2. Process Description (If no code is shown)	· 1 <u></u> 1
ν.	Faci	lity Drawing	1_1
vi.	Phot	ographs	<u> </u>
VII.	Dom.	1:4 0	
A + T *	racı	lity Geographic Location Latitude	•
		Latitude	11
		Longitude	11

Reviewer's Initial

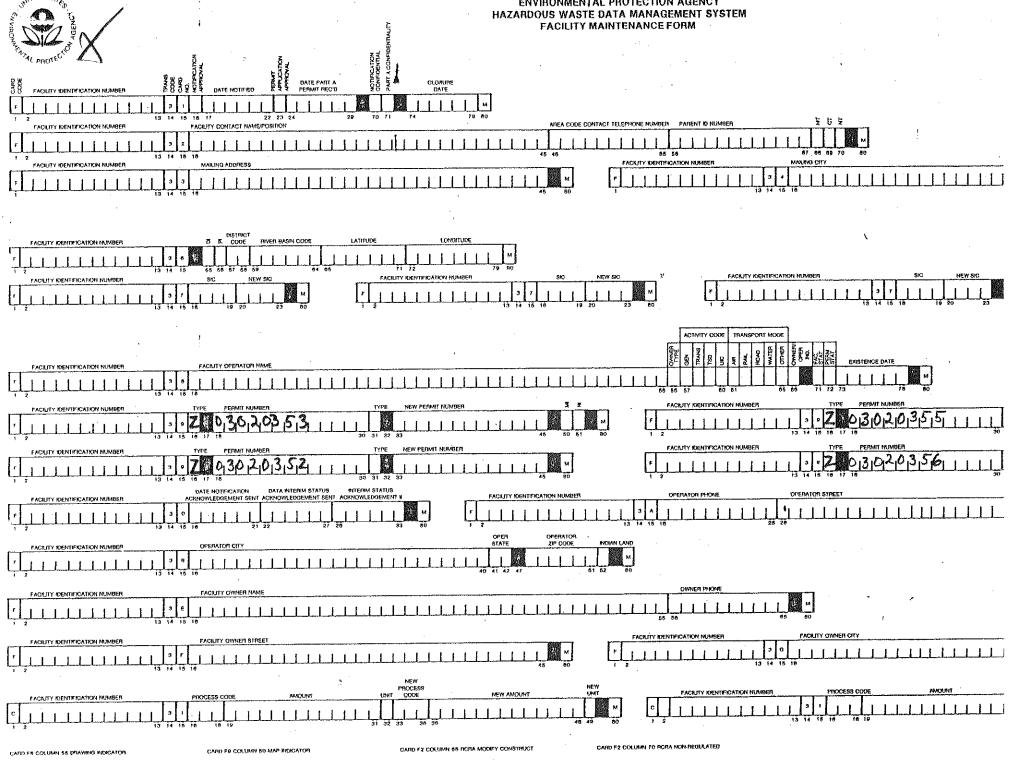
FORM 3 (EPA 3510-3)

			,
_	•		CHECK IF ITEN
· VIII.	Facilty Owner		,
	*l. Name of Facility's	Legal Owner	
	2. Phone	· •	1 1
	*3. Street or P.O. Box	•	1
•	*4 City or Town		
	*5. State		\\
	6. Zip Code		
IX.	Owner Certification		* 2
	*A. Name	-	
	*B. Signature		
	*C. Date Signed		
X.	Operator Certification		
• • •	*A. Name		
	*B. Signature .	23	
	*C. Date		<u> </u>
•			
•			
Comme	nts:		
*Form	3 is missing		
		, v	·
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I.D.#			* ′

Reviewer's Initial

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11	DC054688 ZEHASE ONE Chem. Du.
\ <u></u> :	<u>រូកពុទ្ធជាធា កិត្តប្រាំខ្លួញ កិត្តប្បក្សកិត្តប្បក្សកិត្ត ។</u> (១០១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១៣ ១
	TYS, D'Factivity? (24 No. return to respondent)
3	FETTE DE LES INEST
*. *	Form 3 received?
1 4 3	Postmarked on or before Kovember 19, 1980?
÷	Date of operation entered?
3 2=12:0	Date of operation on or before November 19, 1980? DB
H0111	Hotifier?
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1	Form 1, XIII 3 signed?
3	Form 3, 1X 3/5 igned?
v(2f zi) cet Ackmo⊬iedoe	There above are initialed in the Yes column, generate interim Status
the base's serge	ment and indicate the prigger date have:
	PHASE THO
	ປກຽນກະ ທີ່ regulated or ກວກ-regulated?
3	Nem fecility?
163	Core items missing? If Yes, indicate which items:
*,	Facility name; location; mail address; operator info;
u u	certification ; process info ; waste info ; owner ; sigs
	PHASE THREE
2 & 3	Hon-come items missing? If Yes, indicate which items:
	Hapa photos; drawings; lar/long
	Coher observations and comments:
	Received Date Stamp
) and the state of

ENVIRONMENTAL PROTECTION AGENCY



HWONS MASTER FAC

REGION: 05 STATE: IL

VILDO05468822 VSORDEN CHEMI

201 KEYES AVE HAMPSHIRE

312/683/

EXISTANCE DATE: 1/01/70

✓089 DISTRICT:

BASIN

COUNTY: KANE

FACILITY STATUS: 1 MODIFY/CONSTRUCT: COMMERCIAL: MON-REGULATED:

MAILING ADDRESS KUHFAHL DAGE PLANT MGR P O BOX 396 HAMPSHIRE

L-DWNER ADDRESS SORDEN INC

190 EAST BROAD STREET

COLUMBUS

IL 60140

614/225-4000

IMDICATORS

NOTIFICATION DATA

CONFIDENTIALITY NOTIF : 0 CONFIDENTIALITY PART A : 0

NATURE BUSINESS IND : A MAP STATUS IND : A

DRAWING STATUS IND : A PHOTO STATUS IND : A INDIAN LAND IND : N

OWNER/OPERATOR IND : Y &

PERMIT STATUS:

MOTIFICATION RECEIVED: 8/18 MOTIFICATION ACKNOWLEDGED: 9/28

PART A RECEIVED: 11/19

(1) PART A ACKNOWLEDGED: 99/99 (2) PART A ACKNOWLEDGED:

SIC CODES

TRANSPORTATION

V 2048

WASTE DESCH

WASTE CODE: POOS ESTIMATED AMOUNT: WASTE CODE: DOOS ESTIMATED AMOUNT:

PROCESSES: HT-2.240 MT PROCESSES:

COMMEN

LLITY LISTING

PAGE 126

CAL SMITH-DOUGLASS DIV LAST UPDATE: 9/28/81

IL 60140

CLOSURE DATE:

12288

| # | #

LATITUDE: 420505.0 LONGITUDE: 0883105.0

OWNER TYPE: P FACILITY TYPE: GEN TSDF

COPERATOR ADDRESS

SORDEN INC

180 EAST BROAD STREET

COLUMBUS OH 43215

614/225-4000

OH 43215

PERMITS

DESIGN CAPACITY

TYPE NUMBER

PROCESS AMOUNT UNIT

1/80 -3/81

1/30 ___

1/99

८ S01 11880,000 G

HOLTEIN

501

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rease print or type in the unshaded areas only fill—in areas are spaced for elite type, i.e., 12 characters/inch		and of the later	MPSHIRE	Form Approved OMB No. 18	8-R0	175	100 × 100
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I. FACILITY NAME	//	//	111	ation carefully; if any of it through it and enter the c	is in	corre	ct, cross
The state of the s	//	/	1/1	appropriate fill—in area belothe preprinted data is abser	ow. A	dso, e are	if any of
FACILITY MAILING ADDRESS PLEASE PL	ACE	LA	BEL IN	THIS SPACE that should appear, please that the space list that should appear, please that the space fill in great held.	prov	ride i	it in the
HHAIII	1	/	11,	proper fill—in area(s) belocomplete and correct, you Items I, III, V, and VI (e)	need	not e	complete
FACILITY	/,	/	111	must be completed regarditems if no label has been	less).	Com	plete all
I. LOCATION	/	/	11,	the instructions for detail tions and for the legal au	led	item	descrip-
	/,	/	11,	which this data is collected.			
POLLUTANT CHARACTERISTICS				the interest of the second of	NEW II.	100!!	to ony
questions you must submit this form and the supplement	tal fo	rm li	sted in the	submit any permit application forms to the EPA. If you answer parenthesis following the question. Mark "X" in the box in	the th	ird c	olumn
if the supplemental form is attached. If you answer "no"	to ea	ach a	uestion, ve	ou need not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold-faced	" If y	our a	ctivity
SPECIFIC QUESTIONS	YES		K 'X' FORM ATTACHED	SPECIFIC QUESTIONS	YES		FORM ATTACHED
A. Is this facility a publicly owned treatment works		NO	ATTACHED	B. Does or will this facility (either existing or proposed)			ATTACHE
which results in a discharge to waters of the U.S.? (FORM 2A)		Х		include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		Χ	
C. Is this a facility which currently results in discharges		χ	18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	19	χ	21
to waters of the U.S. other than those described in A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or	25	26	27
Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		х	municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well bore,		Х	
. Do you or will you inject at this facility any produced	26	29	30	underground sources of drinking water? (FORM 4)	31	32	33
water on other fluids which are brought to the surface in connection with conventional oil or natural gas pro-				H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch			
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		Х		process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
hydrocarbons? (FORM 4) Is this facility a proposed stationary source which is	34	35	36	J. Is this facility a proposed stationary source which is	37	38	39
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons				NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean			
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	- 12	Air Act and may affect or be located in an attainment area? (FORM 5)	43	X	45
NAME OF FACILITY	40		42	area: (1 OTIM 9)			
	0	R D	EN	CHEMICAL DIV.			
7. FACILITY CONTACT					69		
	irst, &	_1	1. 1. 1.	B. PHONE (area code & no.)			
KUHFAHL, DALE PLA	N.	<u>T</u>	MAN	A G E R 3 1 2 6 8 3 2 2 8 8			
FACILITY MAILING ADDRESS	BOX						
P. O. B O X 3 9 6	II	1	1 1 1				
16				C.STATE D. ZIP CODE			
HAMPSHIRE	1 1			C.STATE D. ZIP CODE			
16				40 41 42 47 - 51			
A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIFI	ER			
201 KEYES AVENUE	1 1	1	T T T				
B. COUNTY NAME				45			
(ANE	1 1	Т	T T T				
C. CITY OR TOWN		-		D.STATE E. ZIP CODE F. COUNTY CODE			
HAMPSHIRE	1 1	T	T T T	I1406,0,1,4,0			
HAMPSHIRE			MO	40 41 45 47 - 51 52 - 54			

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A FIRST	& FEED	<u>e</u> 1 1	(specify)	B: SECOND	v	
C. THIRD	MALS	15 14 -	(specify)	D FOURTH		
n. OPERATOR INFORMATION		4E3 3 6	7.58			
B. O. R. D. E. N I. N. C	A: NA	WE	 	, , , , , , , , , , , , , , , , , , , 	B. Is the name litem VIII-A owner?	elso the
C. STATUS OF OPERATOR (Enter the a)	opropriate letter into i	the answer box; if "O	her", specify.)		55 66 NE (area code & no.)	
F=FEDERAL M=PUBLIC (other than S=STATE O=OTHER (specify) P=PRIVATE	n federal or state) OR P.O. BOX	P (specify)		A 6.1.4	2.2.5 4.0.0	١٠٥١
8 0 E A S T B R O A D	STREET		1 1	ANGERTALISME ANGERTALISME ANGERTALISME	ang disamban disamban Singga disamban disamban Singga disamban disamban disamban	
F. CITY OR TO	, , , , , , , , , , , , , , , , , , ,		гате н. zip со '	and the state of t	ND ated on Indian lands? XX NO	
EXISTING ENVIRONMENTAL PERMITS			47 -	and a second second		
A NPDES (Discharges to Surface Water)	D. PSD (Air.)	Emissions from Propo	sed Sources)	green entre de la company de l		
B. U1C (Underground Injection of Fluids).	9	E. OTHER (specify)		<i>specify)</i> ILL. PER 3020352 BULK	MITS 03020353	BOIL
C. RCRA (Hazardous Wastes)	20 32 36 37 33	E. OTHER (specify)			PET/VET	
ANAP	30 35 36 37 36		30		ROI DRYFR	
Attach to this application a topographic in the outline of the facility, the location of reatment, storage, or disposal facilities,	f each of its existing and each well whe	ng and proposed in re it injects fluids	take and discha	rge structures, each	of its hazardous wa	iste
vater bodies in the map area. See instruct IC NATURE OF BUSINESS (provide a brief de		urements.				
Produces by mixing					d additives	
and animal dietary additi	ves for domes	tic and inter	national d	istribution.		
,						
III. CERTIFICATION (see instructions)						
I certify under penalty of law that I hav attachments and that, based on my inc application, I believe that the information false information, including the possibiling	juiry of those pers on is true, accurate	sons immediately r and complete. I a	esponsible for a	obtaining the inform	nation contained in	the
NAME & OFFICIAL TITLE (type or print), Robert W. Gutheil, Preside		I. SIGNATURE	D/ 4	74	C. DATE SIGNED	er gesadern Ragneg
Borden Chemical		II TOGO	MW/W	eculat	11/1/80	

III. P	ROCES	SES #	.ontini	ied)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS	KILOGRAMSK
TONS. T	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density of specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES: -

For listed hezardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B.C. and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter.

 "included with above" and make no other entries on that line.
- 3: Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA		C. UNIT	D. PROCESSES						
E O	HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(11))					
X-1	K 0 5 4	900	P	T 0 3 D 8 0						
X-2	$D \mid 0 \mid 0 \mid 2 \mid$	400	P	T 0 3 D 8 0						
X -3	$D \left[0 \left[0 \right] I \right]$	100	P	T 0 3 D 8 0						
X-4		:-			included with above					

Continued from page 2.
NOTE: Photocopy this page before completing in

have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

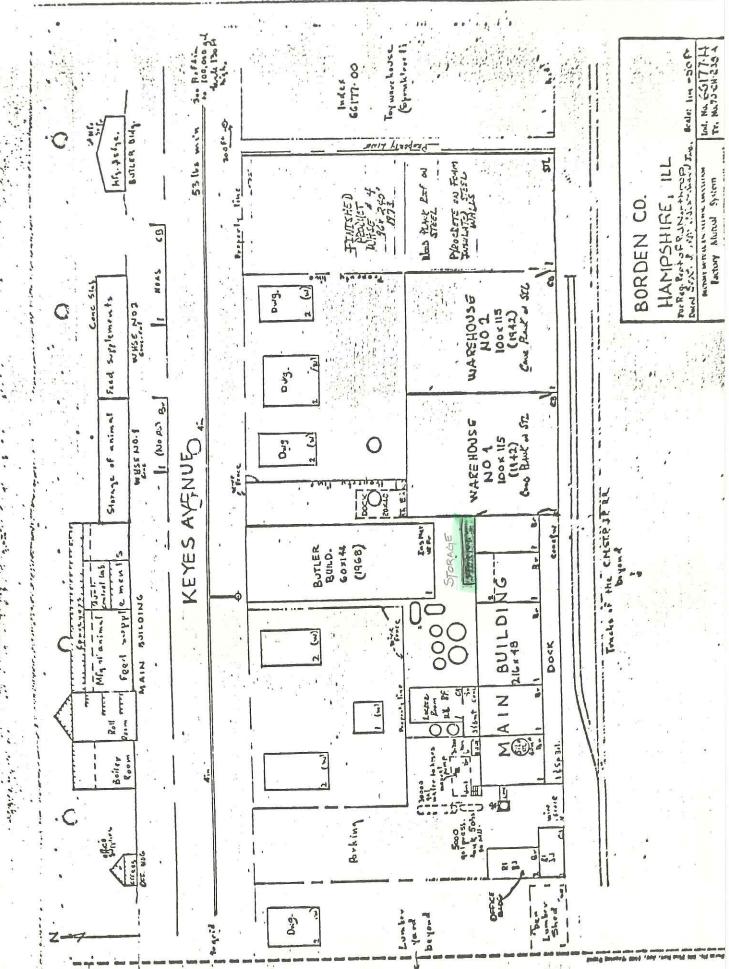
	PA	۵.۵	. Ni	JM	BER (enter from page 1)		130	5/ E 19	Fi	OR OFFIC	IAL USE O	the state of the s
W	V Toyr		1,54-5	* 1, § 5, 5	T/A C.	1/	1	W 2		DUP		12 DUP
IV. I		CR	IP]	ΊC	ON OF HAZARDOUS WASTE	S (c	onti	nued) 🔰				
LINE NO.	H A W A /er	iter	RI EN cod	و 0 و	QUANTITY OF WASTE	OF I SL (e) co	JNIT MEA JRE iter de)	7	1. PROCE	SS CODE: iten)		PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	zs D	0		26 ()	4,940		э <u>в</u> Р	S 0 1		27 29	27 29	
2	D	0	0	8					1 . 1		1 1	INCLUDED WITH ABOVE
3	P	0	0	6		54.5 34.6 24.6	# 27 3-25 5-25 5-35 10-35					INCLUDED WITH ABOVE
4							(2) (3)					
5.									# 1			
-6					·] [
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EPA Form 3510-3 (6-80)

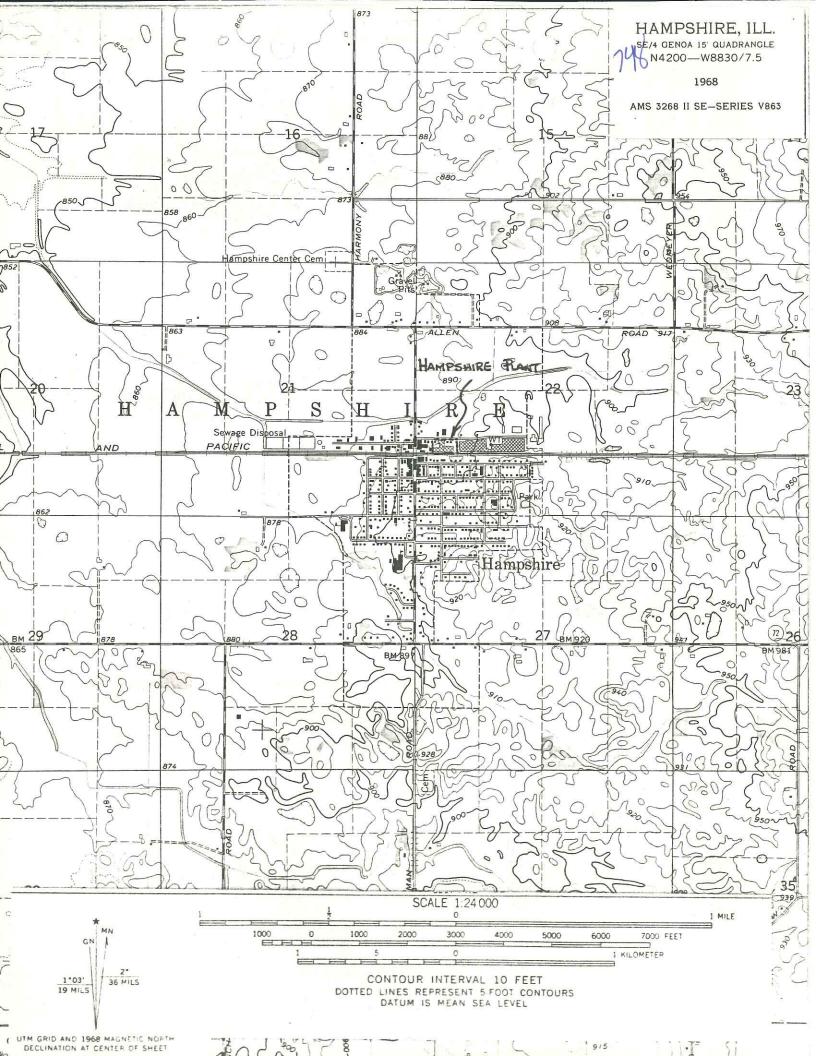
PAGE 4 OF 5

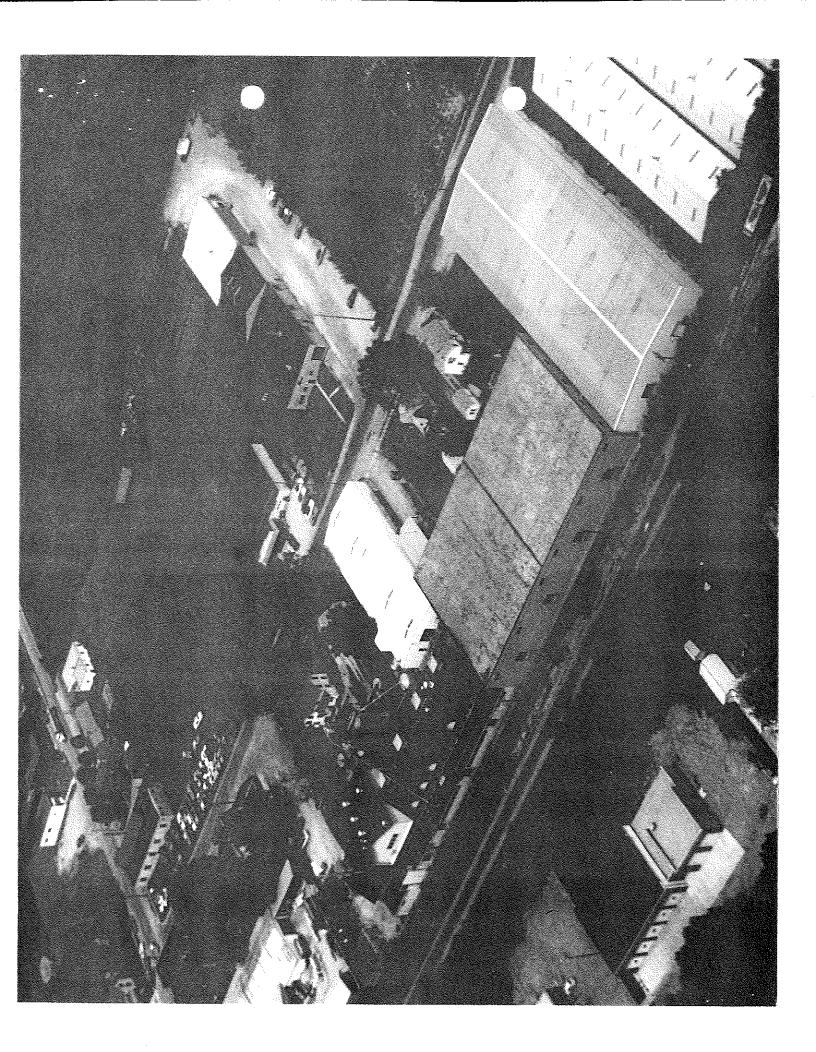
CONTINUE ON PAGE 5

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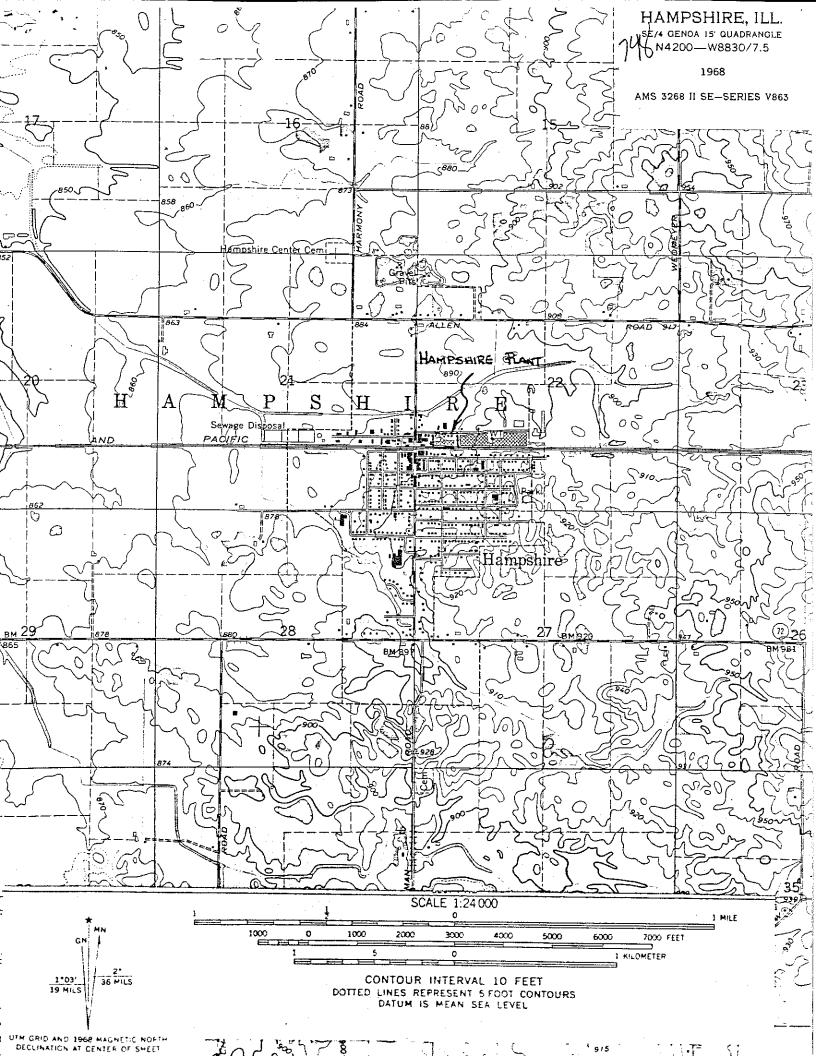




				· ·						
GENERAL										
I. EPA I.D. NUMBER	$\overline{\mathbf{X}}$			If a preprinted lebel has being it in the designated space of	Transporter	ővide				
III. FACILITY NAME				ation carefully; if any of it	is inc	orrec	dafora⊪ Z, trom			
V. FACILITY V. MAILING ADDRESS PLEASE PL	ĄĊĘ	LA	BEL IN	the preprinted data is absented to the label space list that should appear. please	the	uso, u e area e info	t any of a to the ornation			
FACILITY				complete and correct, you letens I, III, V, and VI (emust be completed recard)	N. If need Xcept	the not of t' VI-	label is complete B which			
VI. LOCATION items if no label has been provide instructions for detailed tions and for the legal authowhich this data is collected.										
II. POLLUTANT CHARACTERISTICS				Americans details conected.		200				
questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no	ntal fo '' to ea	ism li ach d	isted in the question, y	submit any permit application forms to the EPA. If you ansy a parenthesis following the question. Mark "X" in the box in to ou need not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold—faced	he th	ird co	aluma			
SPECIFIC QUESTIONS	YES	MA5 NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	MAR	K'X'			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		Х		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or equatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		χ				
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	15	χ	10	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to	18	χ.	- No. 12. 24 € 12.			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	23	X X	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore,	25	26 χ	27 :			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface	;	29	30	underground sources of drinking water? (FORM 4) H. Do you or will you inject at this facility fluids for spe-	31	32	33			
in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	f [Х	34	cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy? (FORM 4)		χ				
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons 				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons.	77	38	29			
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		per year of any air pollutant regulated under the Clean. Air Act and may affect or be located in an attainment.	41	X	- 45			
III. NAN		C 1		David 220 No. 1						
ISKIP BORDEN CHEMICAL	٤	>~	\ HH-	DougLASS DIV 122	59					
A. NAME & TITLE (last, fi	irst. &	title,)	B. PHONE (area code & no.)						
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V. FACILITY MAILING ADDRESS A. STREET OR P.O.	ВОХ									
3 P. O. B O X 3 9 6	1 1 1 1	-1.2		45						
B. CITY OR TOWN	1 T	1	., ,i +	C.STATE D. ZIPCODE						
VI. FACILITY LOCATION		1 C #5		25 21 22 27 '55						
A. STREET, ROUTE NO. OR OTHER	SPECI	FIC:	DENTIF	ER						
B. COUNTY NAME	Salai Res	** *=	eren igili ku	45						
KANE	<u> </u>			76						
6 H A M P S H I R E	ुर्वे कर्नातः राज्या	5 (<u>4)</u>	T T T	D.STATE E. ZIPCODE F. COUNTY CODE						
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	are spaced for elit	aded areas only te type, i.e., 12 charerers/inc		and the latest section in	MPSHIR	CTION AGENCY	Fc				4 5	
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I/I				/)					ta is collected.	10112		
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WSTRUCT	IONS: Complete	A through J to determine this form and the supplement	wheth Ital fi	ner vo orm li	u need to sted in th	submit any permit app parenthesis following	lication form the question.	ns to the E Mark "X"	PA. If you ans ' in the box in	ver "y the thi	es" to rd co	o any Jumn
the suppl	lemental form is	attached. If you answer "no irements; see Section C of th	" to e	each q	uestion, y	ou need not submit an	of these for	ns. You m	av answer "no	" if vo	ur ac	tivity
* everaged	SPECIFIC Q	The state of the second	B 11150	<u> </u>	кх	o, aectivii b ut die insi	ructions for c	enninons	OL DAIG-18CSO	s (1 50%		K 'X'
1			YES	ND	FORM		CIFIC QUEST			YES	MO.	FOR
	esults in a disch	ly owned treatment works arge to waters of the U.S.?		X		B. Does or will this include a concen aquatic animal pr	trated anima	feeding	operation or		х	
(35)A		urrently results in discharges	16		· · · · · · · · · · · · · · · · · · ·	discharge to water	s of the U.S.?	FORM 2	B) da 1855 (1983)	19	20	21
to water		ther than those described in		X		D. Is this a proposed in A or B above, waters of the U.S.	which will	result in a	ose described discharge to		Х	
		y treat, store, or dispose of		23	24	F. Do you or will yo	ou inject at t	nis facility	industrial or	25	26	2
hazardor	us wastes? (FORM	13)	Χ		Х	municipal effluen taining, within c	ne quarter i	mile of th	e well bore,		Х	
		at this facility any produced ch are brought to the surface		29	30	underground sour H. Do you or will you			1	31	32	95099
In conne	ection with conve	ntional oil or natural gas pro- ed for enhanced recovery of	1			cial processes suc process, solution	h as mining mining of m	of sulfur t inerals, in	y the Frasch situ combus-			
Oll or na		ct fluids for storage of liquid		Х	38	tion of fossil fue (FORM 4)	, or recovery	of geothe	rmal energy?		Х	
It this f	acility a propose	d stationary source which is categories listed in the in-		1	38	J. Is this facility a NOT one of the	proposed state	categories	urce which is	37	36	301
struction per yea	ns and which wi	If potentially emit 100 tons Illutant regulated under the				instructions and value of any air	vhich will bo	tentially e	mit 250 tons			
Clean A	Air Act and may ent area? (FORM)	affect or be located in an		X	42	Air Act and may area? (FORM 5)	affect or be l	ocated in a	in attainment	E. 1	X	
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11 - 22 30	M. I. T. H-D.	O U G L A S S . B	0.	R _D	E N	CHEMICA	L DIV	<u> </u>	<u> </u>			
	Y CONTACT									69		(
ت زران		A. NAME & TITLE (last, fi	т	title)			B. PHO	NE (area c	ode & no.)			
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FACILITY	MAILING ADD											
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		B. CITY OR TOWN &	T	T		11.1.1.2.	IP CODE					
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ANE						70			ALTER TO SERVE TO			
ANE		C. CITY OR TOWN	1 1	1 1	, Cyas	D.STATE E. Z	IF CODE	F. COUN (if kn	OWE O			

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'II. SIC CODES (4-digit, in order of priority)		SECOND	
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2.0.4.8 INGREDIENTS FOR ANIMAL		D. FOURTH	
C. THIRD		D. FOURTA	and
specify)	7		
/III. OPERATOR INFORMATION	15 18 -	B. Is the name	ol betail
/III. OPERATOR IN CHILD	A. NAME	Item VIII-A	k also the
		☐ YES [X NO
3 B. O. R. D. E. N. I. N. C.		56 65	
CUSTATUS OF OPERATOR (Enter the appro-	priate letter into the answer box; if	D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC fother than fe	deral or state) (specify)	A 6 1 4 2 2 5 4 0	ـ م م
S = STATE O = OTHER (specify) P = PRIVATE	Post of the property of the party of the par	ts t6 - 48 189 - 21 220 -	
E. STREET OR	P.O. BOX		
180 EAST BROAD S	TREET		
F. CITY OR TOWN	G.ST.	ITE = TODE IX. INDIAN LAND	57
		YES W NO	
B C, O, I, U, M, B, U, S,	10 3	1 1 2 7 1 b 52	
X. EXISTING ENVIRONMENTAL PERMITS	** ***		
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Propos	Photogram and the state of the	es)(Z)pomentid
<u> </u>	9 P		
9 N 36 17 38 36	15 16 17 18	27	1 4.
B. UtC (Underground Injection of Fluids)	E. OTHER (specify)	(specify) ILL. PERMITS 030203	53 BOIL
9 U	9 7	03020352 BULK UNLOADING	
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	(specify) 03020355 PET/VFT	
9 R	9 7	(specify) 03020355 PET/VET 03020356 ROLL DRYEE	?
12 16/17 18	15 16 17 18		
Attach to this application a topographic map	of the area extending to at least or	ne mile beyond property bounderies. The map mus take and discharge structures, each of its hazardous	t show
the outline of the facility, the location of ea	ach of its existing and proposed im	ne mile beyond property business, each of its hazardous take and discharge structures, each of its hazardous take and discharge structures, each of its hazardous take and other structures.	surface
treatment, storage, or disposal facilities, and water bodies in the map area. See instructions	a bear then present to higher the trace	take and discharge substitutions, Livers and other sinderground. Include all springs, Livers and other sinderground.	
XII. NATURE OF BUSINESS (provide a brief descri			
• · ·		supplements, animal food additives	
Produces by mixing a	and drying, animal feed	5477	
Produces by mixing a and animal dietary additive	and drying, animal feed s for domestic and inter	national distribution.	/
Produces by mixing a and animal dietary additive	and drying, animal feed s for domestic and inter	mational distribution. FAAS	
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xIII. CERTIFICATION (see instructions)	s for domestic and inter	r with the information submitted in this application	on and all
xIII. CERTIFICATION (see instructions)	s for domestic and inter	r with the information submitted in this application	on and all
xIII. CERTIFICATION (see instructions) I certify under penalty of law that I have penalty and that, based on my inquire application, I believe that the information false information, including the possibility of	s for domestic and inter personally examined and am familia ry of those persons immediately i is true, accurate and complete. I a of fine and imprisonment.	national distribution.	on and all ed in the ubmitting
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FORM SEPA	HAZAF)U	SONMENTAL PROTECTS WASTE PERMITED PROPERTY PROPERTY IN THE PROPERTY PROPERTY IN THE PROPERTY	T APPLICATION	I. EPANIL NUMBER 5 LD 00 5 4 6 8 8 2 2 7/4 5 1
FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVE APPROVED (yr., mo., & day)	P		COMMENTS	
23 24 - 2	9	<u>10</u>		
II. FIRST OR REVISED APPI Place an "X" in the appropriate bo	x in A or B below (ma	rk one box only) to ind	icate whether this is the first a	application you are submitting for your facility or a
EPA I.D. Number in Item I above.				if this is a revised application, enter your facility's
A. FIRST APPLICATION (plant) 1. EXISTING FACILITY		efinition of "existing" f		2.NEW FACILITY (Complete item below.) 71 FOR NEW FACILITIES, PROVIDE THE DATE
OP DE OP			DATE (yr., mo., & day) UCTION COMMENCED	YR. MO. DAY (Vr., mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION 1. FACILITY HAS INTER		nd complete Item I abo	ve)	2. FACILITY HAS A RCRA PERMIT
III. PROCESSES – CODES A	ND DESIGN CAPA	CITIES		72
	e needed, enter the co	de(s) in the space provide	ded. If a process will be used	be used at the facility. Ten lines are provided for that is not included in the list of codes below, then
B. PROCESS DESIGN CAPACITY 1. AMOUNT — Enter the amo 2. UNIT OF MEASURE — For measure used. Only the unit	unt. · each amount entered	in column B(1), enter t	he code from the list of unit n	neasure codes below that describes the unit of
PROCESS	PRO- APPROPR CESS MEASURE	IATE UNITS OF FOR PROCESS N CAPACITY	PROCESS	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY
Storage: CONTAINER (barrel, drum, etc. TANK WASTE PILE) 501 GALLONS	OR LITERS OR LITERS RDS OR	Treatment: TANK SURFACE IMPOUNDMEN	T01 GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT Disposal:	S04 GALLONS	OR LITERS	INCINERATOR	T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR
INJECTION WELL LANDFILL LAND APPLICATION	D80 ACRE-FEE would cover depth of on HECTARE-		OTHER (Use for physical, c thermal or biological treatm processes not occurring in to surface impoundments or in ators. Describe the processe	chemical, T04 GALLONS PER DAY OR LITERS PER DAY or LITERS PER DAY or ciner-
OCEAN DISPOSAL SURFACE IMPOUNDMENT	D82 GALLONS LITERS PE	PER DAY OR	the space provided; Item II.	
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE UNIT OF MEASURE CODE
GALLONSLITERSCUBIC YARDSCUBIC METERSCUBIC METERSGALLONS PER DAY	G G Y Y C U	LITERS PER DAY. TONS PER HOUR. METRIC TONS PER HOU GALLONS PER HOU LITERS PER HOUR.		ACRE-FEET
C DUP	T/A C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
L A. PRO-	S DESIGN CAPAC	ITY FOR	L' A. PRO-	OCESS DESIGN CAPACITY FOR
M CODE US (from list sp	MOUNT ecify)	OFFICIAL SURE (enter code)	E CODE (from list above)	1. AMOUNT OFFICIAL USE (enter code)
X-1 S 0 2 66	- 21 90	G 29 - 32	5 18 19	27 28 29 - 32
X-2 T 0 3	20	E	6	
			7	

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04

4 TOR FACH PROCESS EXTEN

V	D	ES	ÇE	RP	TIO	N (ЭF	HAZ	ARI	DOUS	WA	STES

- LEPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describe tics and/or the toxic contaminants of those hazardous wastes.
- LESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be headed basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that which possess that characteristic or contaminant.
- : UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used entered in column B enter the unit of measure code.

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE	<u>ಿ</u>
POUNDSP	KILOGRAMS,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K
TONS	METRIC TONS ,	100

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure account the appropriate density or specific gravity of the waste.

). PROCESSES

- 1. PROCESS CODES:
 - For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes conto indicate how the waste will be stored, treated, and/or disposed of at the facility.
 - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes. That characteristic or toxic contaminant.
 - Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
 - 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can note than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2)
 "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

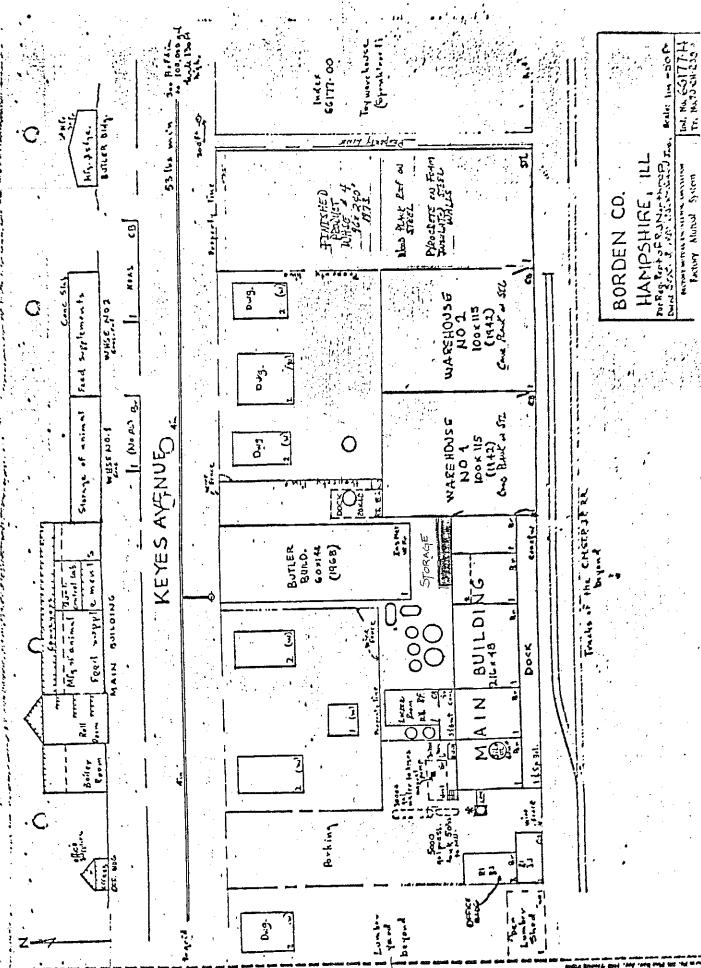
EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an extra per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there is 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				PΑ			C. UNI												D	PROCE	SSES	A1 41-1	4.00
LINE	W	AS	T	R E N	0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	DF ME SURE (enter (code)	-				1. 🖻		CES (ent	is co er)	DES	;	養化		17.4	2. P	ROCES ode is n	s DESCR ot entered
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X-2	D	()	0	2	400	P		T	0	3	D	8	0		1	[T					+ 1,1	
X-3	D	C		0	1	100	P		T	0	3	D	8	0		T		J				- :	
X-4) ()	0	2						Ī				1	1	1	I			in	clude	i will

PA Form 3510-3 (6-80)

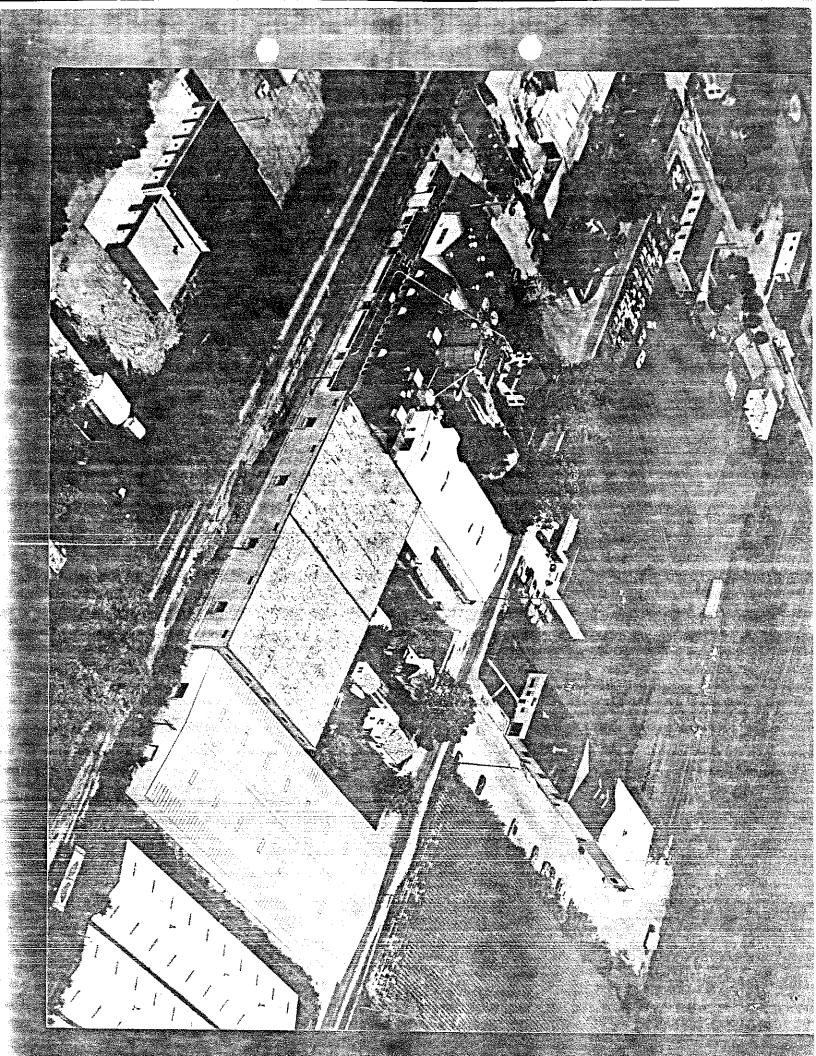
	CONTRACTOR OF THE PARTY OF THE		PROPERTY AND RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADD		
IV. DESCRIPTION OF HAZARDOUS WASTES (cont	tinued)			其一种	
E. USE THIS SPACE TO LIST ADDITIONA' PROC	ESS CODE	S FROM ITEM D(1) ON PAC	3.		
				() (**)	
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te .					
<i>x</i>					1320
EPA I.D. NO. (enter from page 1)					
F					
V. FACILITY DRAWING					
All existing facilities must include in the space provided on p	page 5 a scale	drawing of the facility (see instruc	tions for more det	tail). F VoA7	
VI. PHOTOGRAPHS					
All existing facilities must include photographs (aeria	al or ground	—level) that clearly delineate a	all existing struc	tures; existing storage	
treatment and disposal areas; and sites of future stora	age, treatme	ent or disposal areas (see instru	ictions for more	detail).	60 51
VII. FACILITY GEOGRAPHIC LOCATION		会是是美国人工 化基本			-4-4
			Control of the Contro	the plant was provided to the contract of the	
LATITUDE (degrees, minutes, & seconds)	Control of	LONGI	TUDE (degrees, m	inutes, & seconds)	
		LONGI	TUDE (degrees, m	inutes, & seconds)	
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4 2 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100 200		0 8 8 3 1 75 76	0 5 0 0 0 5	
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as li	100 200		0 8 8 3 1 75 76	0 5 0 0 0 5	tand
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as liskip to Section IX below.	sted in Section	on VIII on Form 1, "General Infor	0 8 8 3 1 1 75 76 mation", place an	0 5 0 0 0 5	t and
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as li	sted in Section	on VIII on Form 1, "General Infor	0 8 8 3 1 1 75 76 mation", place an	0 5 0 0 0 5	t and
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as liskip to Section IX below.	isted in Sections	on VIII on Form 1, "General Infor	0 8 8 3 1 1 75 76 mation", place an	0 5 0 0 0 5	
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listing to Section IX below. B. If the facility owner is not the facility operator as listing to Section IX below.	isted in Sections	on VIII on Form 1, "General Infor	0 8 8 3 1 1 75 76 mation", place an	"X" in the box to the le	
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listing to Section IX below. B. If the facility owner is not the facility operator as listing to Section IX below. 1. NAME OF FACIL BORDEN, INC.	isted in Sections	on VIII on Form 1, "General Inform VIII on Form 1, complete the f	mation", place an ollowing items:	"X" in the box to the le	ode & no.) 4 0 0 0
VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listing to Section IX below. B. If the facility owner is not the facility operator as listing to Section IX below. 1. NAME OF FACIL BORDEN, INC. 3. STREET OR P.O. BOX	isted in Sectionsted in Section	on VIII on Form 1, "General Infor	nation", place an	"X" in the box to the le	ode & no.) 4 0 0 0
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questions, you must submit this form and the supplement if the supplemental form is attached. If you answer "no' is excluded from permit requirements; see Section C of the	ital to ' to e	orm i	isted in th auestion, v	e parenthesis following the que	estion. Mark "X" in the box in the	the third column
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Do you or will you inject at this facility any produced	28	29	30		rinking water? (FORM 4)	31 32 32
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-			k	cial processes such as m	t at this facility fluids for spe- ining of sulfur by the Frasch	
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		X		tion of fossil fuel, or rec (FORM 4)	of minerals, in situ combus- covery of geothermal energy?	l _x l
hydrocarbons? (FORM 4) Is this facility a proposed stationary source which is	34	35	36 (10	J. Is this facility a propose	d stationary source which is	37 38 38
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons				NOT one of the 28 indu instructions and which w	ustrial categories listed in the	
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180 EAST BROAD STREET, COLUMBUS, OHIO 43215



WASTE MANAGEMENT BRANCH

EPA, REGION V

THOMAS R. HEATON ENVIRONMENTAL SPECIALIST ENVIRONMENTAL AFFAIRS

May 6, 1982

USEPA Region V 111 West Jackson Blvd. Chicago, IL 60604

Attn:

RCRA Activities; Mr. Karl J. Klepitsch, Jr.

Borden Chemical, Smith-Douglass Division,

Hampshire, Illinois - EPA ID#ILD005468822

Dear Mr. Klepitsch:

Borden Inc. is in receipt of your Interim Status Acknowledgment of the referenced facility. This facility has been changed from Borden Chemical, Smith-Douglass Division to Borden Inc., Consumer Products Division, Pet-Ag. Consequently, all future correspondence normally going to Mr. Robert W. Gutheil, President of Borden Chemical, should be sent to W. Bailey Barton, Director of Environmental Affairs.

Please make the appropriate changes. If you have any questions, call the undersigned at (614) 225-4860.

Sincerely,

Thomas R Heaton

Thomas R. Heaton

TRH/slw



BORDEN INC 180 EAST BROAD STREET, COLUMBUS, OHIO 43215

Contact + Mailing Add. changed 4-28-82 MGP

April 13, 1982



THOMAS R. HEATON ENVIRONMENTAL SPECIALIST ENVIRONMENTAL AFFAIRS

copies to notif files

USEPA, Region V RCRA Activities P.O. Box 17861 Chicago, IL 60680 WASTE BURN FORTH BRAIDS FORE, RESERVAN VI

Dear Sirs:

Enclosed herewith is a list of the Borden Inc. facilities for which permit applications to treat, store, or dispose of hazardous waste were submitted to your office on November 18, 1980. Directing your attention to the "reverse" side of Form 1, General of these applications, Borden Chemical's owner/operator representative, Mr. Robert W. Gutheil, discharges the direct responsibility for environmental concerns to Borden's Director of Corporate Environmental Affairs.

Therefore, to avoid any potential for a correspondence from your agency to be misdirected, please send future correspondence which would normally go to the owner/operator representative to:

W. Bailey Barton Director, Environmental Affairs Borden, Inc. 180 E. Broad St. Columbus, Ohio 43215

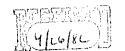
Thank you for your cooperation in this matter.

Sincerely,

Thomas R Heaton

Thomas R. Heaton

TRH/slw



PERMIT APPLICATION FOR A FACILITY TO TREAT, STORE OR DISPOSE OF HAZARDOUS WASTES PART A, FORMS 1 AND 3

SUBMISSIONS TO US EPA REGION V November 18, 1980

FACILITY

Smith-Douglass
Smith-Douglass
Smith-Douglass
Borden Chemical, Adhesives &
Chemicals Div.
Columbus Coated Fabrics Div.

Borden Chemical, Printing Ink Div. Borden Chemical, Printing Ink Div. Borden Chemical, Adhesives &

Chemicals Div.

Borden Chemical, Printing Ink Div. Borden Chemical, Adhesives & Chemicals Div.

Borden Chemical, Printing Ink Div. Borden Chemical, Thermoplastics Div. Borden Chemical, Printing Ink Div. CITY

Streator Hampshire Saginaw Sheboygan

Columbus Menasha Whitehouse Cicero

Portage Delaware

St. Charles Illiopolis Woodlawn STATE

IL 12003 178175

IL 12005468822 9 150 PA

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WIW 10023540 263 9 TISDER

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IL/LD064017946971501911 IL/LD005158548 9 1501911 OHOHD068932 011 9 1501

180 EAST BROAD STREET, COLUMBUS, OHIO 43215



July 15, 1982

THOMAS R. HEATON
ENVIRONMENTAL SPECIALIST
ENVIRONMENTAL AFFAIRS

USEPA Region V 111 West Jackson Blvd. Chicago, IL 60604

Attn: 5HW-TVB

Re: Hazardous Waste Sudden Accidental Liability Insurance

Dear Sirs:

Borden Inc. submits certificates of liability insurance for sudden accidental occurrences for the following facilities:

Borden Chemical, Woodlawn, OH OHD068932011'
Borden Chemical, Whitehouse, OH - OHD005043740 '
Borden Chemical, Delaware, OH OHD004297834 '
Columbus Coated Fabrics, Cols. OH OHD004294351'
Borden Chem., St. Charles, IL ILD064017940
Borden Chem., Illiopolis, IL ILD005158548
Borden Chem., Cicero, IL ILD074367434

Pet-Ag Div., Borden Inc.,

Hampshire, IL

Borden Chem., Portage, MI

MID092950195

If you have any questions, please call the undersigned at (614) 225-4860.

Sincerely,

Thomas R. Heaton

Thomas P Heaton

TRH/slw

Encl.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED



NORTHWESTERN NATIONAL INSURANCE COMPANY

OF MILWAUKEE, WISCONSIN

HOME OFFICE: 731 NORTH JACKSON STREET / P. O. BOX 2070 / MILWAUKEE, WISCONSIN 53201 / PHONE (414) 765-8444

CERTIFICATE OF INSURANCE

The Northwestern National Insurance Company, of Milwaukee, Wisconsin, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Borden Inc., and its subsidiaries, of 180 E. Broad Street, Columbus, Ohio, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR264.147 or 265.147. This coverage applies at, those locations listed in the attached schedule for "sudden accidental occurrences". The limits of liability are \$1,000,000.00 for each occurrence and \$2,000,000.00 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number CLA234135. The effective date of said policy is July 1, 1982.

The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy of insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. The provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR264.147(f) of 265.147 (f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) in of the EPA Region(s) in which the facility (ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirts (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

David J. Spenc

Staff Assistant Authorized Representative of Northwestern National Insurance

731 North Jackson Street Milwaukee, WI, 53201

SCHEDULE OF LOCATIONS

Borden Chemical Adhesives and Chemicals Borden, Inc. 470 South 2nd Street Springfield, OR 97477 ID# ORD076412444

Consumer Products Div. Borden, Inc. 9-11 Johnson St. Bainbridge, NY 13733 ID# NYD002234813

Krylon Department Borden, Inc. P.O. Box 390 Norristown, PA 19404 ID# PAD001865906

Borden Chemical Printing Inks Division Borden, Inc. 630 Glendale-Milford Rd. Cincinnati, OH 45215 ID# OHD068932011

Borden Chemical Petrochemical Division Borden, Inc. P.O. Box 427 Geismar, LA 70734 ID# LAD003913449

Fabric Leather Division Borden, Inc. 40 Garvies Point Rd. Glen Cove, NY 11542 ID# NYD008918450

Vernon Plastics Division Borden, Inc. Shelly Road-Ward Hill Haverhill, MA 01830 ID# MAD001381912

Borden Chemical Thermoplastics Division Borden, Inc. P.O. Box 27 Illiopolis, IL 62539 ID# ILD005158548 Borden Chemical Printing Ink Division 6725 Gilead St. Whitehouse, OH 43571 ID# OHD 005043740

Borden Chemical Printing Ink Division Borden Inc. 5004 N. Combee Rd. Lakeland, FL 33801 ID# FLT130010069

Borden Chemical Printing Ink Division Borden Inc. 587 Whitehall St., S.W. Atlanta, GA 30303 ID# GAD075880310

Borden Chemical Printing Ink Division Borden Inc. 1711 Osbourne St. St. Marys, GA 31558 ID# GAD070327267

Borden Chemical Printing Ink Divisior 2445 Production Dr. St. Charles, IL 60174 ID# ILD064017940

Borden Chemical Printing Ink Division P.O. Box 6 Odenton, MD 21113 ID# MDD003075595

Borden Chemical Printing Ink Division Borden Inc. 8925 Shaver Rd. Portage, MI 49002 ID# MID 092950195

Borden Chemical Printing Ink Division 8-10 22nd Street Fairlawn, MJ 07410 ID# NJD 001374883

Borden Chemical Printing Ink Division Borden Inc. 3221 Randol Mill Rd. Arlington, TX 76011 ID# TXD046933867

SCHEDULE OF LOCATIONS cont.

Borden Chemical
Thermoplastics Division
Borden, Inc.
511 Lancaster St.
Leominster, MA 01453
ID# MAD990886673

Borden Chemical Adhesives and Chemicals Borden, Inc. 56 Nostrand Ave. Brooklyn, MY 11205 ID# NYD012497335

Borden Chemical Ashesives and Chemicals Borden, Inc. 1829 S. 54th Ave. Cicero, Il 60650 ID# ILD074367434

Borden Chimical Adhesives and Chemicals Borden, Inc. 400 Park Ave. Delware, OH 43015 ID# OHD004297834

Borden Chemical Adhesives and Chemicals Borden, Inc. Drawer 40 Demopolis, AL 36732 ID# ALD031569940

Borden Chemical/Adhesives and Chemical Borden, Inc. 100 West Borden Drive Diboll, TX 75941 ID# TXD001865609

Borden Chemical Adhesives and Chemicals Borden, Inc. 41100 Boyce Rd. Fremont, CA 94538 ID# CADO86167384

Borden Chemical Adhesives and Chemicals Borden, Inc. P.O. Box 410 Fayetteville, NC 28302 ID# NCD003189024 Borden Chemical Adhesives and Chemicals Borden, Inc. P.O. Box 428 Kent, WA 98031 ID# WAD052581568

Borden Chemical Adhesives and Chemicals Borden, Inc. P.O. Box 1028 LaGrande, OR 97850 ID# ORD003938628

Borden Chemical Adhesives and Chemicals Borden, Inc. 6455 E. Canning St. Los Angeles, CA 90040 ID# CAD009536194

Borden Chemical Adhesives and Chemicals Borden, Inc. 1021 Industrial Park Dr. Marietta, GA 30062 ID# GAD042104232

Borden Chemical Adhesives and Chemicals Borden, Inc. 930 Lincoln Blvd. Middlesex, NJ 08846 ID# NJD002170439

Borden Chemical Adhesives and Chemicals Borden, Inc. 3670 Grant Creek Road Missoula, MT 59801 ID# MTD053041927

Borden Chemical Adhesives and Chemicals Borden, Inc. P.O. Box 847 Sheboygan, WI 53081 ID# WID023540263

Borden Chemical Adhesives and Chemicals Borden, Inc. 6200 Campground Rd. Louisville, KY 40216 ID# KYD055832091

SCHEDULE OF LOCATIONS cont.

Borden Chemical Printing Ink Division T.C. Industrial Park Depew, N.Y. 14043 ID# NYD013705587

Borden Chemical Printing Ink Division Borden Inc. 1100 Vail Ave. Montebello, CA 90640 ID# CAD990662546

Borden Chemical Printing Ink Division Borden Inc. 1185 Research Blvd. St. Louis, MO 63132 ID# MODOO0823211

Columbus Coated Fabrics Division Borden Inc. 1280 North Grant Avenue Columbus, Ohio 43216 ID# OHD004294351 BORDEN INC

180 EAST BROAD STREET, COLUMBUS, OHIO 43215



December 16, 1982

RECEIVED

THOMAS R. HEATON ENVIRONMENTAL SPECIALIST ENVIRONMENTAL AFFAIRS

DEC 20 1982

WASTE MANAGEMENT BRANCH EPA, REGION V

Illinois EPA 2200 Churchill Rd. Springfield, Ilinois 62706

Attn: Ms. Rama K. Chaturverdi, P.E.

Re: Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID#ILD005468822 (RCRA Generator/T-S-D Status)

Dear Mr. Chaturverdi:

On November 17, 1980, Borden Inc. submitted to USEPA a RCRA Part A permit application for drum storage of hazardous waste at the referenced facility. Since that submittal, Borden has stored no hazardous waste at this location; furthermore, no hazardous waste has been generated at Hampshire.

Consequently, Borden requests withdrawal of the Treater/Storer/Disposer (TSD) interim status for this facility. Borden does wish to maintain the Generator status and I.D. number.

If you have any questions, please call the undersigned at (614) 225-4860. Please notify Borden in writing of your acknowledgement of the withdrawal.

Sincerely,

Thomas R Heaton

Thomas R. Heaton

TRH/slw

cc: USEPA, Region V

lll West Jackson Blvd.

Chicago, IL 60604

Attn: Mr. Karl J. Klepitsch, Jr.

DECENVED 2/2/8L



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

'JUN 2 3 1983

REPLY TO ATTENTION OF: 5HW-13

Thomas R. Heaton, Environmental Specialist Environmental Affairs Borden Incorporated 180 East Broad Street Columbus, Ohio , 43215

> RE: FACILITY NAME:

Permit Application Withdrawal Letter Smith-Douglass-Borden Chemical Division

U.S. EPA ID NO .:

ILD 005 468 822

Dear Mr. Heaton:

This is to acknowledge receipt of your letter of <u>December 16, 1982</u>, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly we will continue to process your application.

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

Enclosure

cc: Robert W. Gutheil, President

Barton W. Bailey, Director Environmental Affairs



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 Wost Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF: RCRA ACTIVITIES

Thomas R. Heaton, Environmental Specialist Edvironmental Affairs

Bordon INCORPORATEd

180 East Broad Street RE: Permit Application Withdrawal Letter

Columbus, OHIO 43315 FACILITY: Smith-Douglass - Borden Chemical Division USEPA ID NO.: FLD 005 468 822

Dear Mo Heaton

This is to acknowledge receipt of your letter of December 16,900, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 122.6 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 47 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

ice: Robert W. Gutheil, President
Le: Breton W. Briley; Director Environmental
Affrics

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 TELEPHONE: (614) 225-4292

July 15, 1983





W. BAILEY BARTON DIRECTOR **ENVIRONMENTAL AFFAIRS**

Mr. Karl J. Klepitsch, Jr., Chief USEPA Region V Waste Management Branch 230 South Dearborn St. Chicago, IL 60604

Attn: 5HW-13

Permit Application Withdrawal Letter

Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID #ILDØØ5468822 PA, G, TSD, PAS 1

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours

W. Bailey Barton

WBB/slw

CC:

Mr. Rama K. Chaturverdi Illinois EPA, Div. of Land Pollution Control

2200 Churchill Rd.

Springfield, IL 62706

L. Janik

D. Kuhfahl/Hampshire, IL



and make the second

WASTE MANAGEMENT BRANCH



165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 TELEPHONE: (614) 225-4292

July 15, 1983



W. BAILEY BARTON
DIRECTOR
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief USEPA Region V Waste Management Branch 230 South Dearborn St. Chicago, IL 60604

Attn: 5HW-13

Re:

Permit Application Withdrawal Letter

Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID #ILDØØ5468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi

Illinois EPA, Div. of Land Pollution Control

2200 Churchill Rd.

Springfield, IL 62706

L. Janik

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 TELEPHONE: (614) 225-4292

July 15, 1983



W. BAILEY BARTON
DIRECTOR
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief USEPA Region V Waste Management Branch 230 South Dearborn St. Chicago, IL 60604

Attn: 5HW-13

Re:

Permit Application Withdrawal Letter

Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID #ILDØØ5468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi

Illinois EPA, Div. of Land Pollution Control

2200 Churchill Rd.

Springfield, IL 62706

L. Janik

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 TELEPHONE: (614) 225-4292

July 15, 1983



W. BAILEY BARTON
DIRECTOR
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief USEPA Region V Waste Management Branch 230 South Dearborn St. Chicago, IL 60604

Attn: 5HW-13

Re:

Permit Application Withdrawal Letter

Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID #ILDØØ5468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

W. Bailey Barton

WBB/slw

cc: Mr. Rama K. Chaturverdi

Illinois EPA, Div. of Land Pollution Control

2200 Churchill Rd.

Springfield, IL 62706

L. Janik

(

BORDEN INC

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 TELEPHONE: (614) 225-4292

July 15, 1983



W. BAILEY BARTON
DIRECTOR
ENVIRONMENTAL AFFAIRS

Mr. Karl J. Klepitsch, Jr., Chief USEPA Region V Waste Management Branch 230 South Dearborn St. Chicago, IL 60604

Attn: 5HW-13

Re: Permit Application Withdrawal Letter

Borden Inc., Pet-Ag Division, Hampshire, IL

EPA ID #ILD005468822

Der Mr. Klepitsch:

On November 17, 1980, Borden Inc. submitted to USEPA a Part A application for drum storage of hazardous waste at the referenced site. This was a protective filing, and since that submittal no hazardous waste has been generated, stored, treated, or disposed of at this site.

Borden requests withdrawal of TSD interim status for this site, but does wish to maintain the generator ID number.

If you have any questions, please call Tom Heaton of my staff at (614) 225-4860.

Very truly yours,

W. Bailey Parton

WBB/slw

CC: Mr. Rama K. Chaturverdi
Illinois EPA, Div. of Land Pollution Control
2200 Churchill Rd.
Springfield, IL 62706

L. Janik

The state of the s	PHONE CALL DISCUSSION FIELD TRIP CONFERENCE							
RECORD OF COMMUNICATION	OTHER (SPECIFY)							
COMMORICATION	(Record of item checked above)							
то:	FROM: DATE 7/25/83							
Mr. W. Briley Bareton	B. Strom							
	2:30PM							
SUBJECT Borden INC.								
ILD 005 468	873							
SUMMARY OF COMMUNICATION								
MR. BARtON - (614) 22	5-4860- Explain coal, Fication							
Requirements - Mr. Ite	Mr. BARTON NAS BEEN							
Authorized to sign	VII cotres Longerca -							
Me. Heaton is Send	ing in AlaHar Signed							
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BORDEN INC

August 5, 1983

165 N. WASHINGTON AVENUE, COLUMBUS, OHIO 43215 MTO OLS 834 655

ILD 603 178175

I LD 005 15 8654 ?

ENVIRONMENTAL SPECIALIST ENVIRONMENTAL AFFAIRS

ILD 674367 434

WASTE MANAGEMENT BRANGI EPH, FROTON VI

USEPA Region V RCRA Activities P.O. Box 3587-A Chicago, IL 60690

Attn: Ms. Rebecca Strom

Re: Signatory Authorization

Dear Ms. Strom:

As per our telephone conversation on July 28, 1983, I am enclosing the letter from Mr. Ventres, Borden Inc. Executive Vice President, authorizing W. Bailey Barton to sign RCRA related documents.

If you have any questions, please call me at (614) 225-4860.

Sincerely,

Thomas R. Heaton

TRH/slw

cc: W. B. Barton R. J. Ventres

Enclosure

BORDEN CHEMICAL DIVISION OF BORDEN INC



R. J. VENTRES

August 2, 1983

TO WHOM IT MAY CONCERN:

This will authorize W. Bail'ey Barton, Director, Environmental Affairs, to sign permit applications, certification statements and withdrawal request submitted to USEPA regarding bazardous waste activity in Borden Chemical, Division of Borden Inc.

R. J. Ventres

Executive Vice President

Borden Inc

RJV:ac



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V 230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

W. Bailey Barton, Director Environmental Affairs Borden, Incorporated 165 N. Washington Avenue Columbus, OH 43215

RE: Withdrawal of Part A (Protective Filing) TACILITY NAME: Smith-Douglass-Borden Chemical Division USEPA ID NO.: ILD 005 468 822

Dear Mr. Barton:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of July 15, 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

cc: Thomas R. Heaton, Environmental Specialist R.J. Ventres, Executive Vice President Robert W. Gutheil, President IEPA





UNITED STATES **ENVIRONMENTAL PROTECTION AGENCY** REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-13

W. Bailey Barton Director Envisonmental Affairs Booden, Incorporated 165 N. Washington Avenue RE: Wi

Dear MR. BARton:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of 1983, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has not, since November 19, 1980, treated, stored, or disposed of hazardous waste, and this permit application was a protective filing. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of a hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Protective Filing)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

SAME

A 29.

Harl Hersitick of

Karl J. Klepitsch, Jr., Chief Waste Management Branch

A 12/20/83 ICC: Thomas R. Heaton, Environmental Squeialist cc. Robert W. Cutheil, President

CE: TO EPA

10# 1LD005468822 FACILITY NAME Boiden Inc Consumer Prod LOCATION Hampshise

COMPLIANCE STATUS: IN OUT

II iIII. VIOLATION CLASS:

TSD G

REVIEWER: DATE:

INSPECTION REVIEW

LIMX PART TYPE COMM FREE RESP RESP RPT STAT ACTION STRT END AGCY INSP FLDS . CODE AGCY PERS COMP DATE DATE ITEM

ENFORCEMENT ACTIONS

LIK DTHR DTHR PLTY FREE PLTY COMM RESP RESP STAT DATE DATE STAT ACTION DATE COM COMP CLTD ASSD CODE . PERS FLDS DATE AGCY DUE RECD ITEM ISUD J0/0/

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'NSPECTION REVIEW FORM

NAME OF FACILITY: Borden Inc		•
ID NO. 16 DO05468	3822	
•		
LOCATION: (Address): 201 Keyes	Ave	
. Hampshire	, 10 60190	
OPERATION: (G)	T	
(Circle Appropriate)		. •
INSPECTOR	F J	
DATE OF INSPECTION: 4-1-82	,	
NAME OF REVIEWER & DATE: SKSwanso	<u>n</u>	5-26-82
COMPLIANCE STATUS		•
(circle one) IN	· OUT/	. • •
VIOLATION CLASSIFICATION: None	1 11 (11)	•
STATE ACTION: Sent warning let	ton 4-16-87	
•		
RECOMMENDED ACTION:		
A	•	•
NONE MONITOR STATE , LETTER	ADMINISTRATIVE COMPLAINT	REFERRAL
ASSIGNEE:	•	
•		• ,
DATE ASSIGNED:		•
cc: Unit Inspection Log		